

<b>Case Number:</b>	CM15-0169604		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is an 83 year old male with an industrial injury dated 10-31-1994. A review of the medical records indicates that the injured worker is undergoing treatment for cervical stenosis with multilevel severe degenerative disc disease, lumbar spine spondylosis with spinal stenosis, bilateral shoulder impingement and atrial fibrillation and coronary artery disease. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 07-08-2015, the injured worker reported worsening pain and stiffness. The injured worker also reported that he has had no recent physical therapy this year and is requesting therapy. Objective findings (2-4-2015 to 7-08-2015) revealed cane-assisted gait and decreased range of motion in the cervical and lumbar spine. The treatment plan consisted of physical therapy and medication management. The treating physician prescribed services for 6 physical therapy visits for the lumbar spine as outpatient , Robaxin 500mg, sig: take 4x a day as needed for pain #120, Ambien 10mg, sig: for sleep disorder, #30, and Butrans 5mcg, sig: 1x every week for continuous pain, #4, now under review. Utilization Review determination on 07-21-2015, denied the request for 6 physical therapy visits for the lumbar spine as outpatient , Robaxin 500mg, sig: take 4x a day as needed for pain #120, Ambien 10mg, sig: for sleep disorder, #30, and Butrans 5mcg, sig: 1x every week for continuous pain, #4.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **6 Physical Therapy visits for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Lumbar Spine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The prescription for Physical Therapy is evaluated in light of the MTUS recommendations for physical therapy. MTUS recommends 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The records are not clear about the objective outcome of prior physical therapy. Also there is no mention of recent injury or acute flare up to support PT. The request for physical therapy is not medically necessary and appropriate.

### **Robaxin 500mg, sig: take 4x a day as needed for pain #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

**Decision rationale:** Robaxin (Methocarbamol) is an antispasmodic muscle relaxant. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. According to CA MTUS Guidelines, muscle relaxants are not recommended for the long-term treatment of chronic pain. They are not recommended to be used for longer than 2-3 weeks. Review of Medical Records do not show that this injured worker has any functional improvement from previous use of this medication. According to the guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment Robaxin 500mg, is not medically necessary.

**Ambien 10mg, sig: for sleep disorder, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Insomnia Treatment.

**Decision rationale:** Ambien (Zolpidem) is a prescription non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the injured worker has chronic pain, and the submitted documentation does not indicate that Ambien has helped this injured worker. The requested medication Ambien 10mg is not medically necessary.

**Butrans 5mcg, sig: 1x every week for continuous pain, #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Buprenorphine for chronic pain.

**Decision rationale:** Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. Topical analgesics are not first line therapy, there is no documentation of failure of antidepressants and anticonvulsants. As per MTUS, it is recommended for treatment of opiate addiction, also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this injured worker, there is no documentation of opiate addiction or detoxification. However, there is no documentation of this particular medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication Butrans 5mcg is not medically necessary.