

<b>Case Number:</b>	CM15-0185899		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 60 year old female who reported an industrial injury on 6-14-2012. Her diagnoses, and or impressions, were noted to include: lumbar sprain-strain with clinical left lower extremity radiculopathy; status-post open reduction internal fixation left hip fracture, with residual symptoms; left ankle sprains-strain; chronic pain; iatrogenic opioid dependency; and obesity. No current imaging studies were noted; computed tomography scan-scanogram of the lower extremities was done on 9-25-2014, the left hip on 11-19-2012, and the sacrum and coccyx on 7-29-2013; x-rays of the thoracic spine on 11-27-2012; electrodiagnostic studies of the left lower extremity were done on 8-12-2014 & 2-17-2015; and toxicology screenings were done on 5-8-2015 & 7-10-2015. Her treatments were noted to include: a qualified medical evaluation (10-24-14); consultations; bilateral lumbosacral caudal epidural steroid infusion (1-27-15) with a 50-80% overall improvement that continued through Aug., 2015; acupuncture - ineffective; a home exercise program; medication management; and rest from work. The progress report of 8-7-2015 reported: a pain medication follow-up visit and re-examination of unchanged neck pain that radiated down the bilateral upper extremities; low back spasms and pain that radiated, with tingling, down the bilateral lower extremities to the feet; unchanged mid-back and bilateral knee pain; that her pain was aggravated by activities, and rated 5 out of 10 with medication and 9 out of 10 without; and of ongoing limitations in her activities of daily living. The objective findings were noted to include: moderate distress; tenderness in the lumbosacral vertebral area, with moderately limited range-of-motion due to pain; significantly increased pain with flexion-extension; decreased sensitivity in the bilateral lower extremities and decreased strength of the

extensor muscles along the bilateral lumbosacral dermatomes in the bilateral lower extremities; and positive bilateral straight leg raise; that she reported her medications were helpful with a 60% improvement and functional improvement with movement and all activities of daily living, as well as an improvement in her quality of life as a result of her medication treatment and that she wished to continue her medication therapy; and that she received pain medications for a short time following her gynecological surgery but is no longer receiving pain medications from any other physician. The physician's requests for treatment was noted to include: aqua therapy for the bilateral lower extremities and lumbar spine, 1-2 times per week for 4 weeks for reduced weight bearing with required buoyant effect of water for her left lower extremity pain and obesity; capsaicin 0.025%, quantity 60, topical ointment as previously prescribed; Norco 10-325 mg, 1 every 6-8 hours as needed, #105, for pain; and Tizanidine 4 mg, #30, 1 daily as needed for spasms. The Request for Authorization for aqua therapy 2 x a week for 4 weeks, for the bilateral lower extremities and lumbar spine; Hydrocodone 10-325 mg, 1 every 6-8 hours, #105; Tizanidine 4 mg daily, #30; Capsaicin 0.02% cream was not noted in the medical records provided. The Utilization Review of 8-21-2015 non-certified a request for: aqua therapy 2 x a week for 4 weeks, for the bilateral lower extremities and lumbar spine; Hydrocodone 10-325 mg, 1 every 6-8 hours, #105; Tizanidine 4 mg daily, #30; Capsaicin 0.02% cream.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Aqua therapy 2 times a week for 4 weeks for bilateral lower extremities, lumbar spine:**

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): Aquatic therapy, Physical Medicine.

**Decision rationale:** The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, there is no evidence that the injured worker is unable to participate in weight-bearing exercises, therefore, the request for aqua therapy 2 times a week for 4 weeks for bilateral lower extremities, lumbar spine is determined to not be medically necessary.

#### **Tizanidine 4mg QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Pain Procedure Summary Online Version, updated 07/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. Despite long term use of this medication, there is no evidence of functional improvement. Additionally, this medication is not supported for long term use and has been denied on previous reviews. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine 4mg QD #30 is determined to not be medically necessary.

**Capsaicin 0.025% cream use as directed #60:** 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): Capsaicin, topical, Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. In this case, there is no evidence that the injured worker has failed or is intolerant to other treatments, therefore, the request for Capsaicin 0.025% cream use as directed #60 is determined to not be medically necessary.