

<b>Case Number:</b>	CM15-0186245		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	11/29/2004
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/31/2015
<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: 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:

This is a 56 year old female with a date of injury on 11-29-2004. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy with paresthasias, lumbar disc displacement without myelopathy, L5-S1 disc pathology, L5 radiculopathy with calf atrophy and loss of strength and hyperalgesia and facet impingement L5-S1 radiating bilaterally. Medical records (5-12-2015 to 8-19-2015) indicate ongoing back pain rated 3 to 7 out of 10. It was noted that Hysingla ER, Norco and Tramadol reduced the severity of her pain by over 50%. She reported exercising at a gym. The physician noted (7-27-2015) that activities of daily living remained limited by the severity of her chronic pain, but continued to be better tolerated with her current medications. Per the treating physician (7-27-2015), the injured worker was able to work full time. The physical exam (7-27-2015) revealed right lumbar muscle tenderness and spasm. The physician noted (8-19-2015) trigger points with hyper-irritable foci located in palpable taut bands in the paravertebral muscles produced local twitch responses in response to compression and referred pain to the lumbar spine. Treatment has included physical therapy and medications (Norco since at least 12-11-2014 and Tramadol since at least 2-10-2015). The original Utilization Review (UR) (8-31-2015) denied requests for Nucynta, Norco, Hysingla ER, Tramadol, lumbar trigger point injections and thoracic lumbo-sacral orthosis. Utilization Review approved a request for Meloxicam.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics such as Nucynta may be used to treat chronic pain. Central analgesics drugs are reported to be effective in managing neuropathic pain. The MTUS guidelines discourage long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. The MTUS guideline indicate functional improvement is "evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The Official Disability Guidelines recommend Nucynta only as a second-line therapy for patients who develop intolerable adverse effects with first-line opioids. "Three large randomized controlled trials concluded that Nucynta was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations." In this case, the injured worker was noted to have chronic low back pain with radiation to the bilateral lower extremities. The Official Disability Guidelines recommend Nucynta as a second- line therapy for patients who develop adverse effects with first-line opioids. This injured worker is also on multiple opioids. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment: Nucynta 50 mg #90 is not medically necessary.

**Norco 10/325 #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): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

**Decision rationale:** California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medication. There is no change on medical dependence. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. Therefore the requested treatment: Norco 10/325mg #120 is not medically necessary.

**Hysingla ER 20 mg #30: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

**Decision rationale:** California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above-recommended documentation. There were no functional improvements noted with the use of the medication. There is no change on medical dependence. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. Therefore the requested treatment: Hysingla ER 20 mg #30 is not medically necessary.

**Tramadol 50 mg #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): Opioids for chronic pain.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Lumbar trigger point injections:** 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): Trigger point injections.

**Decision rationale:** This Requested Treatment is evaluated in light of the MTUS recommendations for Trigger point injections. As per California MTUS Chronic Pain Medical Treatment guidelines Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. It is not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. For fibromyalgia syndrome, trigger point injections have not been proven effective. Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical

therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. This injured worker has chronic back pain, lumbar radiculopathy with paresthesia. Medical Records are not clear about the trigger points as defined in the Guidelines. The submitted documentation is not clear about circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. It is not clear what has been the outcome of conservative measures. Overall, the records and guidelines do not support trigger point injections in this chronic setting. The requested treatment: Lumbar trigger point injections is not medically necessary.

**Thoracic lumbo sacral orthosis (purchase): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter- Low Back - Lumbar & Thoracic (Acute & Chronic -Lumbar supports).

**Decision rationale:** This request for Back Brace (Thoracic lumbo sacral orthosis) is evaluated in light of the MTUS recommendations and Official Disability Guidelines (ODG). As per MTUS-ACOEM lumbar supports have not been shown to have any lasting benefit beyond the acute phase of low back pain. Official Disability Guidelines (ODG) does not recommend it for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Official Disability Guidelines (ODG) Recommends it as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option. Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. Medical Records of the injured worker indicate chronic low back pain. As per submitted medical records and Guidelines cited, Thoracic lumbo sacral orthosis (purchase) is not medically necessary and appropriate.