

<b>Case Number:</b>	CM15-0186289		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/09/1996
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 a 68 year old male, who sustained an industrial injury on 12-9-96. Medical records indicate that the injured worker is undergoing treatment for intractable cervical radicular and mechanical pain, cervical spine disc protrusion, thoracic spine sprain-strain, lumbosacral sprain-strain, lumbar disc protrusion, left elbow sprain-strain, rule out left elbow internal derangement, left knee sprain-strain, and rule out left knee meniscal tear and rule out left knee internal derangement. The injured worker was noted to be temporarily totally disabled. On (8-14-15) the injured worker complained of neck pain, back pain, left elbow pain and left knee pain. Examination of the thoracic spine revealed tenderness to palpation, spasm and trigger points over the thoracic region. Lumbar spine examination revealed tenderness to palpation over the bilateral paraspinal muscles and gluteal muscles. Range of motion was decreased and a straight leg raise test was positive on the left. Examination of the left elbow revealed swelling and tenderness to palpation laterally and medially. Range of motion was decreased and a Cozen's test was positive. Motor strength was decreased in the right shoulder, bilateral elbows, right wrist and hand at 4-5. Sensation was decreased in the right shoulder and arm, lateral forearm and hand. Left knee examination revealed diffuse tenderness to palpation and a decreased range of motion. A McMurray's test was positive and patellofemoral grinding was noted. Decreased motor strength was noted in the right hip, bilateral knees, right ankle and right great toe at 4-5. Sensation was diminished in the bilateral anterolateral thigh-anterior knee-medial leg and foot. Treatment and evaluation to date has included medications, MRI, physical therapy (amount not indicated) and left knee surgery (2013). The treating physician notes that the injured worker has not received

care since 2013. The injured worker remained off work and self-medicated with over-the-counter analgesics. The injured worker was now seen for further medical care. Current medications include Tramadol and Terocin patches. The request for authorization dated 8-14-15 included requests for Tramadol 50 mg # 60, Terocin patches # 30, one transcutaneous electrical nerve stimulation unit, urine drug screen, MRI of the cervical spine,-lumbosacral spine-left knee and physical therapy to the include evaluation of the cervical spine-thoracic spine-lumbar spine-left elbow and left knee # 18. The Utilization Review documentation dated 9-2-15 non-certified the requests for Tramadol 50 mg # 60, Terocin patches # 30, one transcutaneous electrical nerve stimulation unit, urine drug screen, MRI of the cervical spine-lumbosacral spine-left knee and modified the request for physical therapy to the include evaluation of the cervical spine-thoracic spine-lumbar spine-left elbow and left knee to # 6 (original request # 18).

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

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

**Tramadol 50mg #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 (Classification), Opioids, specific drug list.

**Decision rationale:** Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**Terocin patch #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): Topical Analgesics.

**Decision rationale:** Terocin Patch is a topical formulation consisting of Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding use of capsaicin, guidelines state that it is recommended only as an option for patients who did not respond to or are intolerant to other treatments. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Guidelines further stipulate that no preparation of topical lidocaine except as Lidoderm patch is approved. Therefore, since this component is not recommended, the entire Terocin formulation is not medically necessary.

**One TENS unit:** 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): Transcutaneous electrotherapy.

**Decision rationale:** Regarding the request for TENS, the Chronic Pain Medical Treatment Guidelines on Pages 114-116 specify the following regarding TENS (transcutaneous electrical nerve stimulation): "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be

appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)" A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. Rather a variety of musculoskeletal conditions including chronic low back pain has been diagnosed. By statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. Given this worker's diagnoses, TENS is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter. Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances (i.e., tramadol). However, there is no notation of when the last previous urine toxicology testing was done. No risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary until there is clarification of these points.

**Physical therapy 18 session to include evaluation for the cervical spine, thoracic spine, lumbar spine, left elbow and left knee:** 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): Physical Medicine.

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore, additional physical therapy for 18 visits (which can be considered a full course of PT) is not medically necessary at this juncture.

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic): MRI (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI Topic.

**Decision rationale:** Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The ODG stipulate that repeat studies should be reserved for a significant change in pathology. Within the documentation available for review, this a remote injury that began in 1996. The documentation indicates prior cervical spine MRIs, but there is no discussion of when the most recent one was performed. There is no documentation of what significant pathological changes have occurred since the timing of the last study. Given this, the request is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): MRIs (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain

with radiculopathy after at least one month of conservative therapy. They are the test of choice for patients with previous back surgery. Typically, the indications for MRI require that x-rays of the lumbar spine be performed first and are non-diagnostic. Within the documentation available for review, there is documentation of a concomitant request for lumbar x-rays. Per the ODG, these plain films are the test of choice and should be non-diagnostic prior to ordering lumbar MRI. Furthermore, it is not made clear whether this patient has had prior lumbar MRI imaging, and this is an important point per guidelines. It is highly likely that prior imaging has been done but there is no discussion of this in the progress note associated with this request. Given this, the currently requested lumbar MRI is not medically necessary.

### **MRI of the Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): MRIs (Magnetic Resonance Imaging).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI Topic.

**Decision rationale:** Regarding the request for MRI of the knee, ACOEM Practice Guidelines state that reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The ODG Indications for MRI of the knee include the following: Acute trauma to the knee, including significant trauma (i.e., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Non-traumatic knee pain, adult. Non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Non-traumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Within the medical information made available for review; there is documentation of non-traumatic knee pain. However, there is no documentation that radiographs are non-diagnostic, identification of any red flags or documentation that conservative treatment aimed towards the knees has failed. Given this, the currently requested MRI is not medically necessary. In fact there is documentation of a concomitant request for knee x-rays. Per the ODG, these plain films are the test of choice and should be non-diagnostic prior to ordering knee MRI. Furthermore, it is not made clear when the date of prior knee MRI imaging was done if ever. It is highly likely as there is documentation of knee surgery in 2013. This is written in a note with date of service 8/20/15.

Given this, the currently requested MRI is not medically necessary.