

Case Number:	CM15-0191889		
Date Assigned:	10/05/2015	Date of Injury:	01/21/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/29/2015

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

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 48 year old male, who sustained an industrial injury on 1-21-14. The injured worker is being treated for L5-S1 protrusion with radiculopathy, internal derangement of right knee, left knee pain and lumboparaspinal trigger points. Treatment to date has included lumbar decompression, physical therapy, oral medications including Cyclobenzaprine (since at least 1-28-15), Tramadol 50mg (since at least 3-18-15) and Naproxen 550mg (since at least 3-18-15); trigger point injections, activity modifications, NSAIDs (non-steroidal anti-inflammatory drugs), transcutaneous electrical nerve stimulation (TENS) unit and home exercise program. 9-9-15, the injured worker complains of low back pain rated 5 out of 10 with improving lower extremity symptoms, lumboparaspinal musculature trigger points and right knee pain rated 3 out of 10. Work status is noted to be temporarily partially disabled. Physical exam performed on 9-9-15 revealed no signs of infection of lumbar spine with well healed incision; lumboparaspinal trigger points, restricted lumbar range of motion. On 10-2-15 a request for authorization was submitted for extracorporeal shock wave therapy, tramadol 50mg #60, Naproxen 550mg #60 and Cyclobenzaprine 10mg #30. On 9-22-15 request for 5 Extracorporeal shock wave therapy sessions was denied by utilization review and requests for Cyclobenzaprine 10mg #30 was modified to #15 and Tramadol 50mg #60 was modified to #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock wave therapy lumboparaspinal trigger point /myofacial pain syndrome #sessions Qty 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Extracorporeal Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Shock Wave Therapy.

Decision rationale: The patient presents on 09/09/15 with lower back pain rated 5/10 with improving symptoms in the bilateral lower extremities. The patient's date of injury is 01/21/14. Patient is status post lumbar decompression surgery on 05/04/15. The request is for Extracorporeal Shock wave therapy lumboparaspinal trigger point/myofascial pain syndrome # sessions Qty 5. The RFA is dated 10/02/15. Physical examination dated 09/09/15 reveals a well healed surgical incision in the lumbar spine, trigger points in the lumbar paraspinal musculature, and the treater notes the absence of neurological findings. The patient is currently prescribed Tramadol and Naproxen. Patient is currently classified as temporarily totally disabled. Official Disability Guidelines, Low Back Chapter, under Shock Wave Therapy has the following: Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. In regard to the request for a series of 5 extracorporeal shockwave therapy treatments for this patient's ongoing lower back pain, such treatment methods are not supported by guidelines for the lower back. There is no indication in the records provided that this patient has undergone any ESWT treatments to date. Per progress note dated 10/02/15, the provider states: "Recall refractory nature of trigger points to physical therapy, injection, home exercise, activity modification, ice, heat... Recall supporting documentation/literature in regards to this application for shockwave." Official disability guidelines indicate that such procedures are not supported owing to a lack of evidence supporting effectiveness for lower back complaints. While the provider feels as though this is the best treatment option for this patient, without guideline support for this particular treatment modality the medical necessity cannot be substantiated. The request is not medically necessary.

Cyclobenzaprine 10mg DOS 08/21/2015 Qty 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents on 09/09/15 with lower back pain rated 5/10 with improving symptoms in the bilateral lower extremities. The patient's date of injury is 01/21/14. Patient is status post lumbar decompression surgery on 05/04/15. The request is for

Cyclobenzaprine 10mg DOS (08/21/15) Qty 30. The RFA is dated 10/02/15. Physical examination dated 09/09/15 reveals a well healed surgical incision in the lumbar spine, trigger points in the lumbar paraspinal musculature, and the treater notes the absence of neurological findings. The patient is currently prescribed Tramadol and Naproxen. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 03/18/15. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. The progress note associated with this request, dated 08/21/15, does not indicate that this patient is suffering from an acute episode of muscle spasms. MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 30 tablets in addition to prior use do not imply short duration therapy. Therefore, the request is not medically necessary.

Tramadol 50mg #60 (prescribed 08/21/2015) Qty 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/09/15 with lower back pain rated 5/10 with improving symptoms in the bilateral lower extremities. The patient's date of injury is 01/21/14. Patient is status post lumbar decompression surgery on 05/04/15. The request is for Tramadol 50mg #60 (prescribed 08/21/15) Qty 60. The RFA is dated 10/02/15. Physical examination dated 09/09/15 reveals a well healed surgical incision in the lumbar spine, trigger points in the lumbar paraspinal musculature, and the treater notes the absence of neurological findings. The patient is currently prescribed Tramadol and Naproxen. Patient is currently classified as temporarily totally disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Guidelines, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For

more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the requested Tramadol for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Progress notes dated 09/09/15 does not address the efficacy of this patient's medication regimen outside of the statement: "Lower extremity symptoms continues to improve" [sic]. MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence that this patient is non-compliant with his medications. However, the provider does not include any measures of analgesia via a validated scale with before and after ratings, note any functional improvements, or include a statement regarding a lack of aberrant behavior. Without such documentation, continuation cannot be substantiated and this patient should be weaned from narcotic medications. Owing to a lack of complete 4A's documentation, the request is not medically necessary.