

<b>Case Number:</b>	CM15-0191891		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 a 27 year old female, who sustained an industrial injury on 02-17-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain, lumbar severe lateral recess stenosis, lumbar degenerative disc disease, and chronic intractable pain. Medical records (03-25-2015 to 09-01-2015) indicate ongoing low back pain with intermittent radiation down the posterior thighs through the calves and into the plantar aspect of the feet. Low back pain levels were 8-9 out of 10 on a visual analog scale (VAS) with current medications (Tylenol #4, tramadol, Soma and Lidoderm patches), and 10 out of 10 without medications. Lower extremity pain was rated 2-3 out of 10 with medications and 3-4 out of 10 without medications. These were noted to be slightly increased during the previous 6 months. The IW also reported constant neck and upper back pain, rated 4-5 out of 10 with medication and 5-6 out of 10 without medication, and posterior headaches rated 6-7 out of 10 with medication and 8-9 out of 10 with out medication. These were noted to be new and recently reported pain. The IW reported that the Tylenol #4 was no longer adequately controlling her pain. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has no returned to work. The physical exam, dated 09-01-2015, revealed tenderness to palpation over the lumbar paravertebral muscles bilaterally at L4-S1. NO changes in subjective or objective findings from previous exam were noted. Relevant treatments have included: lumbar fusion surgery, physical therapy (PT), electrical stimulation, work restrictions, and pain medications (Tylenol #4 since 04-28-22015). A PR, dated 03-25- 2015, stated that the IW was taking tramadol and Norco and that Norco was sub-

optimally controlling her symptoms. The request for authorization (09-03-2015) shows that the following medicine and services were requested: Norco 10-325mg #90, 6 sessions of massage therapy, H- wave therapy stating "patient has tried multiple sessions of TENS", and a bone growth stimulator for 4 hours per day (approved). The original utilization review (09-11-2015) non-certified the request for Norco 10-325mg #90, 6 sessions of massage therapy, and H-wave therapy.

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

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

**Norco 10/325 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325 mg #90 is not medically necessary.

**Massage therapy 2x3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy.

**Decision rationale:** Regarding the request for additional massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise),

and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested Massage therapy 2x3 is not medically necessary.

**H-wave therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for H-wave therapy, Chronic Pain Medical Treatment Guidelines state that electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Guidelines go on to state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications plus transcutaneous electrical nerve stimulation. Within the documentation there is no indication that the patient has undergone a 30 day tens unit trial as recommended by guidelines. There is no statement indicating how frequently the tens unit was used, and what the outcome of that tens unit trial was for this specific patient. In the absence of such documentation, the currently requested H-wave therapy is not medically necessary.

**Bone growth stimulator, 4 hours a day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Bone growth stimulators (BGS).

**Decision rationale:** Regarding the request for a bone growth stimulator, California MTUS does not address the issue. ODG says it is under study. There is conflicting evidence, so case by case recommendations are necessary. There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. It cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion:

One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes, Renal disease, Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs. Within the documentation available for review, there is no documentation that any of these risk factors are present. It is noted patient has a history of smoking and alcohol abuse. However, current status is not mentioned. It is acknowledged that the patient currently has a posterior fusion that is not solid by CT scan done in June of 2015, but this is not a previous failed fusion. Patient did have a fusion at more than one level but that was over a year ago. Moreover, the duration of the bone stimulator use at 4 hours a day is not given. The physician states the patient has already had 300 sessions with the bone stimulator, but unfortunately, there is no provision to modify the current request. In the absence of such documentation, the currently requested Bone growth stimulator, 4 hours a day is not medically necessary.