

<b>Case Number:</b>	CM15-0199038		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 52 year old male, who sustained an industrial injury on 9-27-07. The injured worker is diagnosed with lumbar spine sprain-strain. His work status is temporary total disability. Notes dated 7-24-15 - 9-1-15 reveals the injured worker presented with complaints of low back pain with numbness and tingling into his bilateral lower extremities (left greater than right). The pain is increased by prolonged sitting, standing and walking as well as coughing, sneezing and lifting. He also reports sleep disturbance due to the pain. Physical examination dated 7-24-15 9-1-15 revealed tightness and spasm in the "lumbar paraspinal musculature" bilaterally (left greater than right), facet joint tenderness at L3, L4 and L5 (left greater than right), positive straight leg raise bilaterally and decreased range of motion. The cervical spine examination reveals tightness and spasms in the trapezius, sternocleidomastoid and straps muscles bilaterally, positive Spurling's and foraminal compression tests as well as decreased range of motion. Treatment to date has included medications; Ultram ER, Voltaren XR, Prilosec, Fexmid (minimum of 4 months for all), home exercise program and psychiatric evaluation; the therapeutic response was not included. Diagnostic studies to date has included x-rays, which revealed degenerative changes at L5-S1 disc space with a grade I spondylolisthesis of L5-S1, per physician note dated 7-21-15, a lumbar spine MRI (2008) and lumbar spine CT scan (2008). A request for authorization dated 7-24-15 for 4 point cane, orthotic shoe inserts #1, transportation to and from doctor appointments and physical therapy appointment #3, physiotherapy #12, Flexeril 7.5 mg #120, Ultram ER 150 mg # 60, Voltaren XR 100 mg #60, Prilosec 20 mg #60 and low back brace #1 is denied, per Utilization Review letter dated 9-14-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **4 Point Cane: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007, ankle & Foot (Acute & Chronic), Walking aids (canes, crutches, braces, orthoses & walkers).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

**Decision rationale:** Per MTUS: "Power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." MTUS supports use of a cane as needed for mobility and encourages a cane rather than a power mobility device. A cane will help the patient with mobility and will obviate need for a wheelchair or scooter. The request is medically necessary.

### **Orthotic Shoe Inserts QTY: 1.00: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per ACOEM page 371: "Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia." ACOEM supports rigid orthotics for foot and heel pain. The patient's back condition results in limping and weakness. Orthotics should help with the patient's compensatory pain. The request is medically necessary.

### **Transportation to and from doctors appointments and physical therapy appointments QTY: 3.00: Overturned**

**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 Challenges of Rural Cancer Care in the United States. Charlton M, Schlichting J, Chioreso C, Ward M, Vikas P. Oncology (Williston Park). 2015 Sep;29(9):633-40.

**Decision rationale:** ACOEM, MTUS and ODG do not provide any information regarding transportation to doctor's appointments. The patient requires doctor appointments and has limited mobility. Transportation is medically necessary to allow the patient to receive appropriate care.

**Physiotherapy QTY: 12.00:** 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 ODG, Low Back, PT.

**Decision rationale:** Per ODG: Lumbar sprains and strains recommend: 10 visits over 8 weeks; Sprains and strains of unspecified parts of back: 10 visits over 5 weeks; Sprains and strains of sacroiliac region: Medical treatment: 10 visits over 8 weeks; Lumbago; Backache, unspecified: 9 visits over 8 weeks. ODG supports 9-10 visits for therapy for low back issues. The request for 12 visits exceeds the guidelines. The request is not medically necessary because the records do not document a need to exceed the guidelines.

**Flexeril 7.5mg QTY: 120.00:** Upheld

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

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

**Decision rationale:** Per MTUS page 63, Muscle relaxants: recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The patient has been on muscle relaxants for several months at least. MTUS does not support chronic use of muscle relaxants. The request exceeds guidelines and is not medically necessary.

**Ultram ER 150mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007, Pain (Chronic), Weaning opioids (specific guidelines).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence has been reported in up to 35 percent of patients. Patients should be informed of these potential side effects. Per MTUS page 113: Tramadol (Ultram). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. MTUS does not endorse Ultram as a first line medication treatment. In addition, ACOEM does not support chronic use of opiates due to the risks of hyperalgesia and tolerance. The patient has been on chronic narcotics, and the request is not medically necessary.

**Voltaren XR 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS page 67, NSAIDS: Back Pain - Acute exacerbations of chronic pain is recommended as a second-line treatment after acetaminophen. Back Pain - Chronic low back pain is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. MTUS does not support chronic use of NSAIDS. This patient has been on NSAIDS for several months. He is at risk for renal complications. The request is not medically necessary.

**Prilosec 20mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as Protonix, for prophylaxis use indicates that the following risk factors should be present, "(1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Documentation provided

does not suggest that the patient has any of the noted risk factors noted above and the PPI is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDS or peptic ulcer disease. The patient is not older than 65, is not on steroids and is not on multiple or high dose NSAIDS. The guidelines do not support routine use of PPI's for patients taking NSAIDS. Therefore the request is not medically necessary.

**Low Back Brace QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** Per ACOEM, Low Back, Chapter 12, page 298: Lumbar Support: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. ACOEM does not support routine use of a lumbar support. Options for treatment include instruction in proper lifting. Efficacy for a back brace is not proven. The request is not medically necessary.