

<b>Case Number:</b>	CM15-0206401		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male with an industrial injury dated 03-18-2002. A review of the medical records indicates that the injured worker is undergoing treatment for pain disorder, physical and psychological symptoms, major depression, arthrodesis, degeneration of lumbar intervertebral disc, chronic low back pain with lower extremity symptoms, refractory, lumboparaspinal musculature trigger points and left shoulder rule out impingement and rotator cuff pathology. According to the progress note dated 09-30-2015, the injured worker reported anxiety, agitation, worsened irritability, improving headaches, continued upper extremity pain, increasing low back pain and leg pain, and increasing mid back pain and lower extremity paresthesia. Objective findings ( 04-30-2015, 05-31-2015, 06-30-2015, 07-31-2015, 08-31-2015 and 09-30-2015) revealed anxiety affect, muscle tension, fair management of physical sensations and stable medication use. In an orthopedic consult report dated 07-24-2015, the injured worker reported diffuse back pain. Physical exam (07-24-2015) revealed moderate tenderness to palpitation of lumbar spine and pain with range of motion. The treating physician reported that the x-ray of the lumbar spine dated 07-24-2015 revealed disc height loss L3-4 and osteophyte formation but no fracture, no dislocation, and lumbar lordosis maintained. The treating physician also reported that the Lumbar MRI on 08-13-2014 revealed degenerative changes with fusion L4-sacrum with no significant stenosis at L3-4 but degenerative changes. In a progress report dated 08-17-2015, the injured worker reported low back pain with left greater than right lower extremity symptoms rated 8 out of 10. The injured worker also reported multiple tender trigger points lumboparaspinal musculature, refractory and increasing left shoulder pain rated 8

out of 10. The injured worker reported that the medications help with activities of daily living. The injured worker also reported that the Cyclobenzaprine decrease spasm for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise and additional decreased in overall pain level average 3-4 points average on 10 scale. Objective findings (06-01-2015, 06-29-2015, 08-17-2015) revealed tenderness of lumbar spine, multiple tender trigger point, lumboparaspinal musculature, positive straight leg raises, lumboparaspinal musculature spasm, left shoulder diffuse tenderness and positive impingement signs. Treatment has included Magnetic Resonance Imaging (MRI) scan in 08-13-2014, X-ray of lumbar spine , urine drug screen dated 06-29-2015 and 06-01-2015, prescribed medication (including Norco, Cyclobenzaprine 7.5mg since at least April of 2015), status post failed spinal cord stimulator, 6 sessions of physical therapy, epidural injection in 2012, lumbar fusion in 2005, 6 sessions of chiropractic treatment, prescribed medications, transcutaneous electrical nerve stimulation (TENS), lumbo-sacral orthosis (LSO) brace and periodic follow up visits. The injured worker is permanent and stationary. The utilization review dated 10-07-2015 modified the request for Norco 10-325mg #45 (original: #120) and non-certified the request for physical therapy 12 sessions, Gabapentin 10% cream, Cyclobenzaprine 7.5mg #90, Aqua therapy 6 sessions, One (1) thoracic MRI and One (1) psychological clearance.

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

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

**Physical therapy 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. The records indicate the patient has failed previous physical therapy attempts. There is no recorded functional improvement from those sessions. Physical therapy 12 sessions is not medically necessary.

**Gabapentin 10% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

**Decision rationale:** The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend gabapentin as a topical agent. There is no peer-reviewed literature to support use. Gabapentin 10% cream is not medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine 7.5mg #90 is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 4 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off narcotic. Norco 10/325mg #120 is not medically necessary.

**Aqua therapy 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS states that aquatic therapy can be recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically

recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The patient has no diagnoses supporting the need for aquatic therapy. The patient has previously failed traditional physical therapy. Aqua therapy 6 sessions is not medically necessary.

**One (1) thoracic MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**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 - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. There is no documentation of any of the above criteria supporting a recommendation of a thoracic MRI. One (1) thoracic MRI is not medically necessary.

**One (1) psychological clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**Decision rationale:** According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. The medical records indicate that the patient has had a spinal cord stimulator previously implanted and then removed when it became ineffective in controlling her pain. There is no indication at this time for reimplantation of another spinal cord stimulator; consequently, One (1) psychological clearance is not medically necessary.