

<b>Case Number:</b>	CM15-0028208		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Texas, New York, 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 applicant is a represented 34-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 18, 2013. In a Utilization Review report dated February 13, 2015, the claims administrator failed to approve requests for an interferential stimulator rental, associated electrode packs, power packs, towel removers, lead wires, Lyrica, Nucynta, Prilosec, diclofenac, epidural steroid injection therapy, chiropractic treatment, urine drug testing, and a comprehensive muscular activity profile (CMAP). The claims administrator referenced a progress note of November 14, 2014 in its determination. The applicant's attorney subsequently appealed. On November 14, 2014, the applicant reported ongoing complaints of low back pain, 8/10, with radiation of pain to left lower extremity. The applicant had received 12 sessions of manipulative therapy, 12 sessions of acupuncture, 12 sessions of physical therapy, unspecified amounts of massage therapy, and previous epidural steroid injections, the treating provider acknowledged. The applicant was on Lyrica, Nucynta, Inderal, Prilosec, Skelaxin, and Zoloft. The attending provider specifically alluded to the applicant's having had an epidural injection in August 2013. Multiple medications were renewed, including Nucynta, Lyrica, Prilosec, and extended release diclofenac. Repeat epidural steroid injections and hip corticosteroid injection therapy were proposed. A comprehensive muscular activity profile (CMAP) was proposed to objectively quantify the applicant's range of motion and strength, the treating provider suggested. The treating provider suggested that the quantitative testing could ensure that the applicant was giving appropriate efforts. Urine drug testing was performed in the clinic. The applicant was

returned to regular duty work on paper, although the attending provider did not explicitly state whether the applicant was or was not working. Previous drug testing performed on February 11, 2014 did include non-standard drug testing for multiple different opioid, benzodiazepine antidepressant, and barbiturate metabolites. Confirmatory and quantitative testing were performed, the treating provider acknowledged. Medication selection and medication efficacy were not explicitly detailed. In a separate progress note dated September 9, 2014, the applicant reported current pain complaints of 8/10 low back pain radiating into left leg. The attending provider stated that the applicant had 10/10 pain without medications versus 5/10 with medications; it was noted in another section of the note. The applicant was given refills of Theramine, Nucynta, Trepidone, Lyrica, and several topical compounded medications. Acupuncture and manipulative therapy were endorsed. The applicant's work status was not explicitly stated on this occasion. On June 19, 2014, the applicant did undergo urine drug testing. Once again, confirmatory and quantitative testing were performed. On July 22, 2014, the applicant's treating provider stated that the applicant was working full time without restrictions. 3/10 pain was reported with medications versus 6/10 pain without medications. Nucynta, Theramine, Lyrica, topical compounds, and various dietary supplements were endorsed, along with additional manipulative therapy and acupuncture. In an RFA form dated January 16, 2015, an interferential stimulator device and associated supplies were endorsed by the device vendor, without much supporting rationale.

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

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

#### **Interferential Stimulator (Days Rental) QTY 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** No, the request for an interferential stimulator rental was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that interferential current stimulation can be employed on a one-month trial basis in applicants in whom pain is ineffectively controlled owing to medication intolerance, medication side effects, and/or history of substance abuse which would prevent provision of analgesic medications, in this case, however, the applicant was described as using a variety of first-line oral pharmaceuticals to reportedly good effect, on an office visit of November 14, 2014. The applicant was reportedly working regular duty at that point in time and further stated that her various analgesic medications were effectively attenuating her pain complaints, obviating the need for the interferential stimulator. Therefore, the request was not medically necessary.

#### **Electrodes Pack QTY 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** The request for electrodes was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for an interferential current stimulator. Since that request was deemed not medically necessary, in question #1, the derivative or companion request for associated electrodes was likewise not medically necessary.

**Power packs QTY12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** The request for power packs was likewise not medically necessary, medically appropriate, or indicated here. This is another derivative or companion request, one which accompanied the primary the primary request for interferential current stimulator. Since that request was deemed not medically necessary, in question #1, the derivative or companion request for associated power packs was likewise not medically necessary.

**Adhesive remover towel mint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** Similarly, the request for adhesive towel removers was likewise not medically necessary, medically appropriate, or indicated here. This is another derivative or companion request, one which accompanied the primary request for an interferential current stimulator. Since that request was deemed not medically necessary, in question #1, the derivative or companion request for associated adhesive towel removers was likewise not medically necessary.

**Lead Wire QTY 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

**Decision rationale:** Similarly, the request for lead wires was likewise not medically necessary, medically appropriate, or indicated here. This is another derivative or companion request, one which accompanied the primary request for an interferential current stimulator. Since that request was deemed not medically necessary in question 1, the derivative or companion request for associated lead wires was likewise not medically necessary.

**Lyrica 150mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009, Pain - Pregabalin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**Decision rationale:** Conversely, the request for Lyrica, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is recommended in the treatment of diabetic neuropathy and postherpetic neuralgia and, by analogy, is a first-line agent for neuropathic pain, as was seemingly present here in the form of the applicant's ongoing low back pain radiating into left leg. The attending provider posited that ongoing usage of Lyrica had effectively attenuated the applicant's radicular pain complaints. The applicant had reportedly returned to and maintained full-time work status with ongoing medication consumption, including ongoing Lyrica consumption, the attending provider further stated on several office visits, referenced above. The applicant, thus, had demonstrated evidence of functional improvement as defined in MTUS 9792.20f with ongoing Lyrica usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Nucynta 75mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, 2009, Opioids - pain treatment agreement, page 89.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Tapentadol (Nucynta).

**Decision rationale:** The request for Nucynta (tapentadol) was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of Nucynta. However, ODG's chronic pain chapter tapentadol topic notes that Nucynta is recommended only as second-line therapy in applicants who develop intolerable adverse effects with first-line opioids. Here, however, the November 14, 2014 progress note at issue contained no references to the applicant's having failed or having developed adverse effects with first-line opioids such as

Tylenol with Codeine, Norco, morphine, etc. The attending provider failed to furnish a compelling rationale for provision of Nucynta in favor of first-line opioids in several progress notes, referenced above. Therefore, the request was not medically necessary.

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009, Pain - NSAIDs, GI Symptoms and cardiovascular risk, page 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole (Prilosec) are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on the November 14, 2014 office visit in question. Therefore, the request was not medically necessary.

**Diclofenac ER 100mg QTY 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009, Pain - NSAIDs, page 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren-XR Page(s): 71.

**Decision rationale:** Similarly, the request for diclofenac extended release was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his November 14, 2014 progress note that diclofenac extended release was being prescribed for the first time on that date. However, page 71 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Voltaren extended release (AKA diclofenac extended release) should only be used as chronic maintenance therapy. The first-time request for diclofenac extended release, thus, was incompatible with page 71 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Epidural Injection L4-L5 QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009, Pain Epidural Steroid Injection, page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The request for a lumbar epidural steroid injection at L4-L5 was not medically necessary, medically appropriate, or indicated here. As acknowledged by the attending provider, the request in question did represent a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant had seemingly plateaued in terms of the functional improvement parameters established in MTUS 9792.20f, despite receipt of earlier epidural steroid injections over the course of the claim. While the applicant had returned to regular duty work, the applicant had failed to demonstrate lasting analgesia through earlier epidural injections. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Nucynta, diclofenac, Lyrica, Skelaxin, etc. The applicant remained dependent on acupuncture, manipulation, and various other treatment modalities. All of the foregoing, taken together, suggested that the applicant had, in fact, plateaued in terms of the functional improvement parameters established in MTUS 9792.20f, despite receipt of earlier epidural steroid injections. Therefore, the request for a repeat epidural steroid injection was not medically necessary.

**L5-SI Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS 2009, Pain Epidural Steroid Injection, page 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Similarly, the request for a lumbar epidural steroid injection at L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. The request in question, per the treating provider, did in fact represented request for a repeat epidural injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant had seemingly plateaued in terms of the functional improvement parameters established in MTUS 9792.20f, despite receipt of earlier epidural steroid injections over the course of the claim. While the applicant had returned to regular duty work, the applicant remained dependent on a variety of analgesic medications, including diclofenac, Lyrica, Nucynta, etc. The applicant remained dependent on chiropractic manipulative therapy, physical therapy, acupuncture, and various other modalities. All of the foregoing, taken together, thus, suggested that the applicant had, in fact, plateaued with earlier epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection at L5-S1 was not medically necessary.

**Chiropractic Consultation for weight loss:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and environmental Medicine (ACOEM), Occupational Medical Practice Guidelines. Second Edition, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 1 Prevention Page(s): 11; 92.

**Decision rationale:** Similarly, the request for a chiropractic consultation for weight loss was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, in this case, however, the attending provider did not clearly state why a chiropractor would be best-equipped to address issues with weight gain and/or weight loss. The attending provider did not furnish a clear or compelling rationale for selection of this particular consultant. It is further noted that the MTUS Guideline in ACOEM Chapter 1, page 11 further notes that strategies based on modification of applicant-specific risk factors such as the weight loss program in question may be less certain, more difficult, and possibly less cost effective. Therefore, the request was not medically necessary.

#### **Chiropractic Consultation for Physical Therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and environmental Medicine (ACOEM), Occupational Medical Practice Guidelines. Second Edition, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** Similarly, the request for a chiropractic consultation for physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 48 notes that the value of physical therapy increases with a prescription that clearly states treatment goals and also increases with a clear description of the diagnoses and/or lesions causing an applicant's pain complaints. Here, the request is inherently ambiguous. The amount, duration, and quantity of therapy proposed were not provided. The attending provider likewise did not state why he was consulting a chiropractor as opposed to a physical therapist if the requested modality was, in fact, physical therapy. Therefore, the request was not medically necessary.

#### **Retro (DOS 11/14/14): Urine Toxicology: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, updated 1/20/12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

**Decision rationale:** The request for urine drug testing of November 14, 2014 was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, no attempt was made to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would have been indicated. The attending provider seemingly performed non-standard drug testing on multiple occasions, referenced above, throughout 2014, which included both confirmatory and quantitative testing despite the unfavorable ODG position on the same. The November 14, 2014 RFA form likewise suggested that confirmatory and/or quantitative testing were being proposed, again in the face of the unfavorable ODG position on such testing. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**Comprehensive Muscular Activity Profile (CMAP): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 293.

**Decision rationale:** Finally, the request for comprehensive muscular activity profile (CMAP) test was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated in his November 14, 2014 progress note that the article in question represented a request for computerized range of motion testing. The applicant's primary pain generator here was the low back. The MTUS Guideline in ACOEM Chapter 12, page 293 notes, however, that range of motion measurements of the low back are of 'limited value' owing to the marked variation amongst the applicants with and without symptoms. The attending provider did not furnish a clear or compelling applicant-specific rationale for such testing in the face of the unfavorable ACOEM position on the same. It was not stated how the proposed CMAP testing would influence or alter the treatment plan. The attending provider suggested that he wished to perform the CMAP testing for the purposes of quantifying the applicant's effort. It is not clear why such testing was needed in light of the fact that the applicant had already returned to and maintained full-time, regular duty work status. Therefore, the request was not medically necessary.

