

<b>Case Number:</b>	CM15-0034905		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/26/1997
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 62 year old male who has reported low back pain after walking on June 26, 1997. He has reported lower back pain. Diagnoses have included chronic lower back pain, facet arthropathy, degenerative disc disease, radiculopathy, and spinal enthesopathy. Treatment to date has included medications, injections, and a radiofrequency ablation. None of the treating physician reports address the specific results of using any medication. Pain is routinely 8-9/10. Function is not addressed. One urine drug screen was prescribed, with no further comments about the results. None of the reports address weaning of any medication. Per the report of 11/20/14 Fiber Therapy, Lidoderm, tizanidine, Provigil, Norco #120, Oxycontin 40 mg #60 were started. A urine drug screen was prescribed. Oxycontin, Norco, and Zanaflex were stated as current medications. Per the report of 12/10/14, there was 8/10 chronic back pain that was previously treated with various injections, a radiofrequency ablation, and ongoing medications (OxyContin, Norco, Zanaflex). On 12/18/14 the injured worker reported constipation. The treatment plan included all the usual medications, Fiber Therapy, physical therapy, and injections. OxyContin was 80 mg bid, #60. Amitiza and Thermacare were started. Per the report of 1/15/15, the same medications were continued for ongoing back pain. Medications other than opioids were denied. Amitiza was increased. Oxycontin was 80 mg bid. Per the report of 2/12/15, there was ongoing 8/10 pain, the same ongoing medications, and a denial for meds other than opioids. All medications were continued. Oxycontin was 60 mg bid #60. On 2/2/15 UR certified Norco and partially certified Oxycontin. Thermacare, Fiber therapy, tizanidine, Lidoderm, Provigil, Amitiza, and trigger point injections were non-certified. Note was made of

the lack of indications per the cited MTUS and Official Disability Guidelines. Note was made of current attempts at weaning Oxycontin and continuation of Norco during that process.

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

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

#### **ThermaCare 30 patch, 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Heat/Cold.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48, 299-300, 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Updated Chronic Pain Section, Page 166, 168; heat and cold therapies.

**Decision rationale:** No physician reports discuss the specific indications or results for Thermacare. The MTUS for Chronic Pain does not provide direction for the use of heat or cold to treat chronic pain. The ACOEM Guidelines pages 299-300 recommend application of heat or cold for low back pain. At-home applications of heat or cold are as effective as those performed by therapists. Page 308 recommends home application of heat or cold. There is no recommendation for any specific device in order to accomplish this. Heat and cold can be applied to the skin using simple home materials, e.g. ice and hot water, without any formal medical device or equipment. The updated ACOEM Guidelines for Chronic Pain are also cited. There may be some indication for heat or cold therapy, but the recommendation is for home application of non-proprietary, low-tech, therapy in the context of functional restoration. There is no evidence of any current functional restoration program. Function has not been addressed and there is no evidence of improvement in function after using Thermacare. The Thermacare prescribed for this injured worker is not medically necessary based on the MTUS, other guidelines, and lack of a sufficient treatment plan.

#### **Fiber Therapy 500mg #240, 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-74994/fiber-therapy-oral/details> - Fiber Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

**Decision rationale:** The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate,

prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not medically necessary.

**Tizanidine HCL 4mg #120, 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that liver function tests (LFTs) are monitored. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Lidoderm 5% patch #30, 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Lidoderm, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Lidoderm Patches.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that he has failed the recommended oral medications. There is no evidence of any benefit from the Lidoderm used to date. Lidoderm is not medically necessary based on the MTUS.

**Provigil 200mg daily #30, 30 days: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov> - Modafinil (Provigil).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Modafinil (Provigil).

**Decision rationale:** The MTUS does not provide direction for the use of modafinil or equivalents. The Official Disability Guidelines recommend against using modafinil to counteract the sedation caused by opioids unless excessive narcotic prescribing is first considered. There is no evidence in this case that such considerations have occurred. The Official Disability Guidelines stated that modafinil is indicated for treatment of narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and that prescribing should be accompanied by a complete evaluation of these disorders. The treating physician has not provided evidence of these disorders along with a complete evaluation for these conditions. In this case, the treating physician has not provided a specific indication for modafinil. If prescribed for use with opioids, this is not a valid indication per the cited guidelines. There is no evidence of the other indications. Modafinil is not medically necessary per the cited guidelines and the lack of clear indications.

**Oxycontin 80mg 12h #60, 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain levels remain high. Function and work status are not addressed. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The dose of Oxycontin has varied from 40 to 80 to 60 mg without a stated rationale. It is not clear why the dose changes, what results are obtained by changing the dose, or if there is a specific plan to wean this opioid. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Amitiza 24mcg BID #60, 30 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioid-induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

**Decision rationale:** The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not medically necessary.

**Bilateral Trigger Point Injections (Unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Online, Low Back, Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** The MTUS provides specific direction for the indications and performance of trigger point injections (TPI). TPI is recommended only for myofascial pain syndrome, as defined in the MTUS. TPI is not indicated for typical or non-specific neck and back pain. This injured worker does not have myofascial pain syndrome, per the available reports. Prior to the current TPI prescription, the treating physician did not describe the failure of a course of treatment outlined in the MTUS. The treatment should include exercises, physical therapy (PT), NSAIDs and muscle relaxants. In order to qualify for TPI, no radiculopathy should be present. This patient has been described as having radiculopathy. Based on the MTUS, up to 4 TPIs may be given at one session. The quantity was not stated in the request. Trigger point injections are not medically necessary based on the MTUS.