

<b>Case Number:</b>	CM15-0053336		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	09/26/1997
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 76-year-old male who reported injury on 09/26/1997. The mechanism of injury was unspecified. His diagnoses include lumbar/cervical myoligamentous injury with bilateral lower extremity radicular symptoms, lumbar facet syndrome, and right total knee replacement. His past treatments included medications, injections, and pain management. On 03/20/2015, the injured worker complained of distinct left knee pain and low back pain. His current medications were noted to include Ultracet 35.7/325 mg, Anaprox 550 mg, Prilosec 20 mg, Fexmid 7.5 mg, Neurontin 300 mg, and Colace 100 mg. The injured worker was noted to be utilizing Colace due to constipation from Ultracet. The documentation indicated the injured worker reports a 40% to 50% benefit from Ultracet use, reported that Prilosec has helped control his gastritis/GERD symptoms, and are almost nonexistent. It was also noted the injured worker had significant arthritic conditions in the spine and left knee. The physical examination of the lumbar spine revealed range of motion with flexion at 45 degrees, extension at 15 degrees, and bilateral bending at 20 degrees. The injured worker was noted to have decreased Achilles tendon reflexes bilaterally with normal motor strength. The injured worker also had noted decreased sensation along the posterolateral thigh and calf in the L5-S1 distribution bilaterally. The treatment plan included Prilosec 20mg #60, Fexmid 7.5mg #60, Colace 100mg #60, Aqua Therapy 2 x/week, and Retrospective: Lumbar Trigger Point Injections (x4) for significant myospasms and pain relief. A rationale for the aquatic therapy and lumbar trigger point injections was not provided for review. A Request for Authorization form was submitted on 03/20/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the California MTUS Guidelines, patients should have a GI risk assessment prior to proton pump inhibitors to include: (1) age greater than 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. It is also indicated for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was noted to have been utilizing Prilosec for an unspecified duration of time, which relieved his gastritis and GERD symptoms to be almost nonexistent. However, there was lack of documentation to indicate the medical necessity for continued Prilosec treatment. There was also lack of a documented GI risk assessment prior to PPI use. Furthermore, the request as submitted failed to specify a frequency. As such, the request is not supported and is not medically necessary or appropriate at this time.

**Fexmid 7.5mg #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state they recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient was noted to have utilized Fexmid for an unspecified duration of time. However, there was a lack of documentation indicating the medical necessity of Fexmid as guidelines indicate efficacy appears to diminish and prolonged use leads to dependence. Moreover, there was a lack of documentation in regard to objective functional improvement from medication use. In addition, the request as submitted failed to specify a frequency. As such, the request is not medically necessary or appropriate at this time.

**Colace 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Coace-Senna.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** According to the California MTUS Guidelines, prophylactic treatment of constipation should be initiated for patients on opioids. The injured worker was noted to have been utilizing Colace for his constipation due to opioid use. The medication would be indicated in this situation. However, the request as submitted failed to specify a frequency. As such, the request is not medically necessary or appropriate at this time.

**Aqua Therapy 2x/week:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** According to the California MTUS Guidelines, aquatic therapy is recommended as an alternative to land based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. The injured worker was noted to have chronic low back pain and left knee pain. However, there was a lack of documentation indicating the medical necessity for aquatic therapy over land based physical therapy. There was also a lack of documentation indicating the medical necessity for a reduction of weight bearing purposes. Furthermore, the request as submitted failed to specify a body part for treatment. As such, the request is not medically necessary or appropriate at this time.

**Retrospective: Lumbar Trigger Point Injections (x4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

**Decision rationale:** The California MTUS Guidelines state trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when there is documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain when symptoms have persisted for more than 3 months and medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants have failed to control pain. The guidelines note radiculopathy should not be present (by exam, imaging, or neuro testing) and no more than 3 to 4 injections should be performed per session. Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The injured worker was noted to have chronic low back pain. However, the physical examination failed to identify a positive twitch response with referred pain upon

palpation. In addition, there was a lack of documentation the patient has exhausted adequate conservative treatments. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary or appropriate at this time.