

<b>Case Number:</b>	CM15-0055421		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 47 year old female who has reported multifocal pain after lifting on 1/31/2003. Diagnoses include cervical disc disease, impingement syndrome of the right shoulder, status post two shoulder surgeries, severe headaches, depression, insomnia, stress, and right epicondylitis. Treatment to date has included shoulder surgeries (decompression, lysis of adhesions and manipulation under anesthesia in 2007 and 2008), medications, heat and cold applications, chiropractic care, medial branch blocks and a transcutaneous electrical nerve stimulation (TENS) unit. Reports from the primary treating physician during 2014 reflect ongoing neck, shoulder, and upper extremity symptoms. Treatment included chronic Flexeril, Tylenol #4, Protonix, Neurontin, Naproxen, Terocin, LidoPro, Tramadol, and Trazodone. Chiropractic, cervical traction, and cervical pillow were prescribed. The injured worker was not working, and last worked in 2003. General indications were given for the medications without information regarding the specific results of use. Protonix was stated to be for "stomach upset from taking medications." An 11/11/14 report noted that the injured worker had received a home cervical traction unit. The treating physician has referred to a urine drug screen, possibly performed elsewhere, that showed "codeine." No further details of that test were presented. Per the PR2 of 2/04/2015, the injured worker reported neck and right shoulder pain. She used a TENS unit. The pads sometimes do not work. There was a brief mention of a medical condition treated elsewhere for which NSAIDs may be contraindicated. The treatment plan included the same medications plus Wellbutrin for chronic pain and Lunesta. TENS pads were requested. On 3/4/15 the TENS unit was reportedly not strong enough. The neck traction was malfunctioning. Wellbutrin was changed to Effexor, with no discussion of the specific indications. A stronger TENS unit with a garment and a new traction unit were prescribed. The chronic medications were refilled and Nalfon was prescribed. There was no discussion of what was meant by a

stronger TENS unit. The Request for Authorization listed an interferential (IF) or muscle stimulator unit. On 4/1/15 Effexor and the other medications were apparently continued, with no discussion of the specific benefits of use. On 3/19/15 Utilization Review partially certified multiple medications and non-certified multiple medications, traction, an electrical stimulator, and a conductive garment. Tylenol #4, Neurontin, Tramadol, and Wellbutrin were certified. The Utilization Review noted a prior traction device authorized on 10/1/14, with no evidence of specific benefit. The Official Disability Guidelines and the MTUS were cited.

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

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

#### **Cervical Traction with Air Bladder: 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) Treatment Index, 9th Edition (web), Treatment Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181 and 187.

**Decision rationale:** The ACOEM Guidelines 2nd Edition does not support traction for neck conditions. On Chapter 8, Page 181 cervical traction is "Not Recommended." In the ACOEM Guidelines, Chronic Pain section, updated, Page 187, traction and other decompressive devices are stated to be not effective and are not recommended. Cervical traction is therefore not medically necessary based on the guidelines. In addition, there is no evidence of any benefit from the traction used to date. There is no evidence of even the most minimal attempts to determine why the current traction unit is malfunctioning. There is no good evidence to support replacement of the current unit in light of these factors.

#### **IF or Muscle Stimulator: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation, Neuromuscular electrical stimulation Page(s): 119 and 121. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Update 8/14/08, Page 189, IF stimulation and ACOEM Guidelines update, 4/7/08, Low Back, IF stimulation.

**Decision rationale:** The ACOEM guidelines, 2004 version and the updated chapters cited above, do not recommend interferential therapy for any pain or injury conditions. The MTUS for Chronic Pain provides very limited support for interferential treatment, notes the poor quality of medical evidence in support of interferential stimulation therapy, and states that there is insufficient evidence for using interferential stimulation for wound healing or soft tissue injury. The treating physician has not provided a treatment plan which includes interferential stimulation therapy in the context of the recommendations of the MTUS. This includes return to work, exercise, medications, and no conductive garment. The interferential unit is not medically necessary based on lack of medical evidence, guidelines, and a treatment plan not in accordance

with guidelines. Neuromuscular stimulation, per the MTUS, is not recommended for chronic pain. The requested units are therefore not medically necessary based on the cited guidelines.

**Conductive Garment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 119. Decision based on Non-MTUS Citation ACOEM Guidelines, Chronic Pain Update 8/14/08, IF stimulation page 189 and ACOEM Guidelines update, 4/7/08, Low Back, IF stimulation page 166.

**Decision rationale:** Per the discussion above, an IF unit is not medically necessary. Therefore, the conductive garment is not medically necessary. In addition, the MTUS notes that an IF trial would not include a conductive garment absent special need (which has not been explained in this case).

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41-42 and 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. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in

this case, as presented in the MTUS. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures, pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

**Effexor Slow Release 75mg for 4/1/15 visit #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors), SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 60, 13-16, 107, and 105.

**Decision rationale:** None of the treating physician reports adequately address the indications for Effexor in this case. Effexor was a substitute for Wellbutrin, which was prescribed for chronic pain. Presumably Effexor was also prescribed for chronic pain. Per the MTUS, antidepressants like Effexor may be indicated for some kinds of chronic pain. When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). No medical reports show specific symptomatic and functional benefit. Although there may be an indication for continuing an antidepressant for the injured worker, the records do not supply the necessary supporting information. Effexor is not medically necessary based on the MTUS and lack of benefit.

**Tylenol No. 4 #40 for 4/1/15 visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 91-94.

**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, and 60.

**Decision rationale:** There is insufficient 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. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The one drug test mentioned is of unclear content, methodology, and results. The reports state that the injured worker has not worked since

2003, which fails the "return-to-work" criterion for opioids in the MTUS, and represents a failure of any attempts at functional improvement. No other measures of functional improvement have been described. 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.

**Flexeril 10mg #60 for 4/1/15 visit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41-42 and 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. Prescribing has occurred consistently for over a year. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Prilosec 20mg #60 for 4/1/15 visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): s 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

**Neurontin 600mg #90 for 4/1/15 visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 18-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): s 16-21 and 60.

**Decision rationale:** Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the antiepileptic drugs (AEDs) used to date. Note the criteria for a good response per the MTUS. Work status has remained unchanged and the injured worker has not returned to work while gabapentin was prescribed, indicating a failure of treatment. AED's have a significant risk of teratogenicity and alterations in contraceptives, and this must be discussed with the patient. There is no evidence that this possibly reproductive-age woman has been counseled regarding this significant issue. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of counseling and consent regarding the reproductive risks, and the lack of significant symptomatic and functional benefit from its use to date. Therefore the request is not medically necessary.

**Tramadol ER 150mg #30 for 4/1/15 visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

**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, Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, and 113.

**Decision rationale:** There is insufficient 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. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The one drug test mentioned is of unclear content, methodology, and results. The reports state that the injured worker has not worked since 2003, which fails the "return-to-work" criterion for opioids in the MTUS, and represents a failure of any attempts at functional improvement. No other measures of functional improvement have been described. Tramadol has been prescribed simultaneously with a serotonin/norepinephrine reuptake inhibitor (SNRI) antidepressant. There are significant risks due to toxicity and this has not been addressed by the treating physician. 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. Therefore the request is not medically necessary.

**Nalfon 400mg #60 for 4/1/15 visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs, specific drug list & adverse effects Page(s): 60 and 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise, after NSAIDs have been prescribed for months or years. None of the kinds of functional improvement discussed in the MTUS are evident. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. The treating physician has referred to testing performed elsewhere and test abnormalities that are possibly a contraindication to use of NSAIDs. This was not investigated further and NSAIDs were continued. This NSAID is not medically necessary based on the MTUS recommendations, lack of specific functional and symptomatic benefit, and prescribing in spite of what appears to be other medical conditions for which NSAIDs may be toxic. Therefore the request is not medically necessary.