

<b>Case Number:</b>	CM15-0056729		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43-year-old male who reported an injury on 09/08/2011. The mechanism of injury reportedly occurred as the injured worker was using a circular demo saw weighing 25 to 30 pounds and swinging a sledgehammer. His diagnoses included lumbar herniated disc, multiple levels; lumbar radiculitis; and lumbago. His past treatments have included medications, physical therapy, chiropractic treatments, and acupuncture. Diagnostic studies included an electromyography report of the right lower extremity, performed on 02/06/2015, with findings of moderate chronic right L5 radiculopathy. Additionally, the electrodiagnostic studies are suggestive of mild right S1 radiculopathy as well. His surgical history was noncontributory. The injured worker presented on 02/11/2015 with complaints of low back pain. The injured worker reported that his pain was always somewhere between 8/10 and 9/10; however, with the help of medication, it was somewhat manageable at 4/10 to 5/10. Upon physical examination of the lumbar spine, the injured worker was positive for exquisite tenderness throughout the lumbar paravertebral musculature, worse at L4-5 and L5-S1. Upon range of motion, flexion was at 50 degrees, extension was at 20 degrees, lateral flexion bilaterally was at 25 degrees, and lateral rotation bilaterally was at 35 degrees. The injured worker had a positive straight leg raise test in the sitting position at 25 degrees bilaterally. Upon physical examination of the lower extremities, the injured worker was noted to have decreased sensation along the posterior and medial right calf and the lateral calf as well. His current medication regimen included Norco 10/325 mg and tramadol 50 mg. The treatment plan included a urine toxicology screen and discussion regarding

the injured worker's previous urine toxicology screen. The treatment plan also included tramadol 50 mg. The treatment plan included for the injured worker to continue his home exercise program, follow-up in 4 to 5 weeks for a re-evaluation, and return to modified work duties with the restrictions of no repetitive bending, twisting, or stooping, and no lifting greater than 10 pounds. The rationale for the request was that the injured worker had pain. The Request for Authorization form, dated 02/11/2015, was submitted in the documentation for review.

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

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**Decision rationale:** The request for Norco 10/325 mg #30 is not medically necessary. The injured worker has chronic low back pain. The California Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation failed to include a detailed pain assessment to establish adequate pain relief with the use of Norco. However, the documentation submitted for review failed to include evidence of a lack of adverse effects and aberrant behaviors. Additionally, a current urine drug screen was not submitted to verify appropriate medication use. Furthermore, the injured worker's most recent urine drug screen, collected on 01/14/2015, was inconsistent with the injured worker's use of opioids. Moreover, the request as submitted did not include a frequency of use. In the absence of the documentation showing details regarding the injured worker's medications, including his use of Norco, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. As such, the request for 1 prescription of Norco 10/325 mg #30 is not medically necessary.

**Tramadol 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**Decision rationale:** The request for tramadol 50 mg #30 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The submitted documentation did not

include a detailed pain assessment to establish adequate pain relief with use of tramadol. Additionally, there was also no evidence of functional improvement or a lack of adverse effects and aberrant behaviors. Furthermore, a recent urine drug screen was not submitted to verify appropriate medication use. Moreover, the most recent toxicology report, dated 01/14/2015, was inconsistent with the injured worker's prescribed opioid medications. In the absence of documentation showing details regarding the injured worker's medications, including his use of tramadol, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. Moreover, the request as submitted did not specify a frequency of use. As such, the request for 1 prescription of tramadol 50 mg #30 is not medically necessary.

**Physical therapy for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy for the lumbar spine is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines recommend 8 to 10 visits of physical therapy over 4 weeks for the condition of radiculitis. The documentation submitted for review provided evidence that the injured worker had completed 8 physical therapy visits over 2 and a half months for the treatment of his low back pain. The physical therapy discharge note further indicated that the injured worker had been educated on proper body mechanics and a home exercise program. Additionally, the note indicated that the injured worker received temporary benefit. Furthermore, the clinical note indicated that there was no significant change in objective findings. Moreover, the request as submitted failed to include a frequency of visits. The documentation submitted for review failed to provide evidence of objective functional improvement from lumbar spine physical therapy. Given the above, the request for physical therapy for the lumbar spine is not medically necessary.

**TENS unit/HAN program four lead with supplies for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The request for a TENS unit/HAN program 4 lead with supplies for the lumbar spine is not medically necessary. The injured worker has low back pain. The MTUS Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. Additionally, the guidelines state that TENS units are indicated for neuropathic pain. The

documentation submitted for review provided evidence that the injured worker had neuropathic pain. However, the documentation submitted for review failed to include evidence that the use of a TENS unit would be for a 1 month trial period with documentation of how often the unit is to be used, as well as outcomes in terms of pain relief and function. Additionally, the request did not indicate a rental. Furthermore, the guidelines state that if a 4 lead unit is recommended, there must be documentation of why this is necessary. The documentation submitted for review failed to include why a 4 lead unit was necessary. As such, the request for a TENS unit/HAN program 4 lead with supplies for the lumbar spine is not medically necessary.