

<b>Case Number:</b>	CM13-0039251		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/13/2005
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and Neurology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 37-year-old male with a 5/13/05 date of injury. At the time of request for authorization for 1 TENS unit, Unknown prescription of Medrox cream, 1 prescription of Hydrocodone 5/500mg, 1 prescription of Omeprazole 20mg, and 12 sessions of aqua therapy, there is documentation of subjective (pain all over the body with weakness, fatigue, abdominal complaints, and lack of sleep) and objective (diffuse tenderness from L1-S1; palpable tenderness to the bilateral paraspinal muscle region; positive seated straight leg raise; decreased motor strength at the left iliopsoas and quadriceps; and tenderness of the medial fat pad region of the knees, lateral epicondyle region of elbows, pectoralis major, upper trapezius and infrascapular regions) findings, current diagnoses (cervical thoracic strain with resultant cephalgia and significant spinal stenosis and foraminal narrowing; lumbar spine discopathy; and fibromyalgia), and treatment to date (cervical and lumbar epidural steroid injection and medications (including Hydrocodone since at least 1/15/13)). Regarding 1 TENS unit, there is no documentation of evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Regarding 1 prescription of Hydrocodone 5/500mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding 1 prescription of Omeprazole 20mg, there is no documentation of age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID.

Regarding 12 sessions of aqua therapy, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity).

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

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

#### **1 TENS unit: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Page(s): 113-117.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of cervical thoracic strain with resultant cephalgia and significant spinal stenosis and foraminal narrowing; lumbar spine discopathy; and fibromyalgia. In addition, there is documentation of pain of at least three months duration. However, given documentation of the associated request for medications, there is no documentation that other appropriate pain modalities have been tried (including medication) and failed. In addition, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for 1 TENS unit is not medically necessary.

#### **unknown prescription of Medrox cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not

recommended. Within the medical information available for review, there is documentation of diagnoses of cervical thoracic strain with resultant cephalgia and significant spinal stenosis and foraminal narrowing; lumbar spine discopathy; and fibromyalgia. However, Medrox cream contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for unknown prescription of Medrox cream is not medically necessary.

**Hydrocodone 5/500mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of cervical thoracic strain with resultant cephalgia and significant spinal stenosis and foraminal narrowing; lumbar spine discopathy; and fibromyalgia. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Hydrocodone 5/500mg is not medically necessary.

**1 prescription of Omeprazole 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical thoracic strain with resultant cephalgia and significant spinal stenosis and foraminal narrowing; lumbar spine discopathy; and fibromyalgia. However, there is no documentation of age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA,

corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Omeprazole 20mg is not medically

**12 sessions of aqua therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page(s) 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114, Official Disability Guidelines (ODG) Low Back, Aquatic therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity), as criteria necessary to support the medical necessity of aquatic therapy. MTUS reference to ACOEM guidelines identifies importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those, as criteria necessary to support the medical necessity of physical modalities. ODG identifies visits for up to 10 visits over 8 weeks in the management of sprains/strains. Within the medical information available for review, there is documentation of diagnoses of cervical thoracic strain with resultant cephalgia and significant spinal stenosis and foraminal narrowing; lumbar spine discopathy; and fibromyalgia. However, there is no documentation of an indication for which reduced weight bearing is needed (extreme obesity). In addition, the proposed 12 sessions of aqua therapy exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of aqua therapy is not medically necessary.