

<b>Case Number:</b>	CM14-0141941		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Ohio and Texas. 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/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:

The injured worker is a 61-year-old male who reported an injury on 08/10/2012. The mechanism of injury was not submitted for this review. The injured worker's treatment history included drug screen, 20 physical therapy sessions, EMG/NCV studies of the lumbar spine and lower extremities, and a qualified medical re-evaluation report, review of medical records. The injured worker had a review of medical records on 04/21/2014, and a panel qualified medical re-evaluation on 02/05/2014. On 04/09/2013, the injured worker had undergone an EMG/NCV study of the lumbar spine and lower extremities that revealed no electrical evidence of lumbar radiculopathy or plexopathy affecting the L3-S1 lower motor nerve fibers of the lower extremities or the corresponding lumbar paraspinals. Electrical evidence of mild diabetic peripheral neuropathy affecting the lower extremities. The injured worker was evaluated on 08/08/2014 and it was documented the injured worker complained of low back pain radiating to the right calf with numbness and tingling. The provider noted the injured worker had difficulty sleeping due to increased pain. Objective findings of the lumbar spine revealed tenderness of the paraspinals. The injured worker had a positive straight leg raise test to the right calf. There was decreased sensation at right L5. Range of motion forward flexion was 25 degrees, extension was 10 degrees, right lateral bend was 15 degrees and left lateral bend was 10 degrees. Diagnosis included lumbar spine sprain/strain with bilateral lower extremity radiculitis, and degenerative disc disease at L5-S1. Medications included Norco/hydrocodone, Fexmid. Pain with medication was 6/10 and pain without medication was 9/10 on the pain scale. It was documented that the injured worker was able to perform activities of daily living and was able to work. Request for Authorization dated 08/08/2014 was for interferential home unit, LSO brace, MRI of the lumbar spine, Fexmid, Remeron, and a Review of Medical Records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **INTERFERENTIAL HOME UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The injured worker is a 61-year-old male who reported an injury on 08/10/2012. The mechanism of.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines does not recommend a tens unit as a primary treatment modality, but a one-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 and other ongoing pain treatment including medication usage. It also states that the tens unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. The injured worker had previous physical therapy sessions however, the outcome measurements were not provided. The provider failed to indicate long-term functional restoration goals for the injured worker. The request submitted for interferential home unit failed to indicate if the injured worker had a 1 month home based trial usage for the interferential unit and outcome measurements. Additionally, the request that was submitted for the interferential home unit failed to include frequency, duration, and body location where interferential home unit is required. As such, the request for Interferential Home unit is not medically necessary.

### **LSO BRACE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): . Page 300-301.

**Decision rationale:** The CA MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation does not outline the injured worker to have documented instability or spondylolisthesis for which bracing would be supported. The request for LSO brace is not medically necessary.

### **MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There is lack of evidence of failed conservative care treatment submitted for the injured worker. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also no indication of red flag diagnoses or the intent to undergo surgery. The request for MRI of the lumbar spine is not medically necessary.

**FEXMID 7.5 MG 1 PO BID # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): , page(s) 41..

**Decision rationale:** According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked outcome measurements of conservative such as, prior physical therapy sessions and medication pain management. There was lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. The request for Fexmid 7.5 mg 1 PO BID # 60 is not medically necessary.

**REMERON 15 MG 1 PO QHS # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Page(s): , page(s) 14 & 15..

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines recommends Trazodone as a selective serotonin and norepinephrine reuptake inhibitors (SNRIs) and FDA-approved for anxiety, depression, diabetic neuropathy, and Fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. A systematic review indicated that tricyclic antidepressants have

demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The documentation submitted failed to indicate the outcome measurements for the use of Remeron 15 mg treatment with recommended trial for at least 4 weeks. As such, the request for Remeron 15 MG 1 PO QHS # 30 is not medically necessary.

**HYDROCODONE/APAP/NORCO 5/325 MG 1 PO Q 12 H #60:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no urine drug screen submitted for opioid compliance. There was no outcome measurements indicated for the injured worker such as home exercise regimen or long-term functional goals for the injured worker. The request for Hydrocodone/APAP/Norco 5/325 MG 1 PO Q 12 H #60 is not medically necessary.

**REVIEW OF MEDICAL RECORDS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Consultation, Chapter 6, page 163.

**Decision rationale:** CA MTUS states that consultations are recommended, and health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan of course of care may benefit from additional expertise. However, there is no specific evidence of complexity or psychosocial factors. Specific clinical questions to be reviewed were not identified. Documents submitted for review indicate the injured worker had a review of medical records on 05/16/2013 and 04/21/2014. The injured worker also had a panel qualified medical re-evaluation report on 05/23/2014. As such, the request for review of medical records is not medically necessary.