

<b>Case Number:</b>	CM14-0182134		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/27/1975
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Interventional Spine 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 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 patient is a 60 years old male with an injury date on 04/27/1975. Based on the 09/10/2014 progress report provided by treating physician, the diagnoses are lumbar degenerative disc disease, lumbar facet arthropathy, lumbar retrolisthesis L4-5 and L5-S1, status post radiofrequency ablation lumbar spine 04/03/2014 and lumbar myofascial pain. According to this report, the patient complains of "persistent back pain which he rates at 2-8/10 on pain scale. He says he is having a good day today and his pain level is 2/10. Physical exam reveals tenderness over the lumbar paraspinal muscles and the lumbar facet joints at L4-L5 and L5-S1 bilaterally. Patient's treatment history includes bilateral rhizotomy of the lumbar spine and 2 recent trigger point injections which helped; pain decreased at least 50%, "increased activity level and is doing more activities around the house. "There were no other significant findings noted on this report. The utilization review denied the request on 10/07/2014. The requesting provider provided treatment reports from 05/22/2014 to 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions for back ( [REDACTED] ): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, 8.

**Decision rationale:** According to the 09/10/2014 report, this patient presents with "persistent back pain which he rates at 2-8/10 on pain scale. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms but there is no such discussion. The physician does not discuss the patient's treatment history. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the physician provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.

**Hydrocodone/APAP 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88-89, 76-78.

**Decision rationale:** According to the 09/10/2014 report, this patient presents with "persistent back pain which he rates at 2-8/10 on pain scale. "The physician is requesting Hydrocodone/APAP 10/325mg #90. Hydrocodone/APAP was first mentioned in the 05/22/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per patient "these medications alleviate his pain more than 50% and help increase his walking distance by at least 20 minutes. He says he had one day last month where he had no pain for 23 hours and did not need to take pain medication. "The 06/17/2014 CURES report was reviewed and found to be consistent with the providers. No aberrant behavior. The 08/11/2014 indicates "medications alleviates his pain from 7/10 to 1-2/10 on the pain scale and are working well to control his pain and he is sleeping longer. "The patient "just returned from a six week vacation." Review of report shows good documentation of the four A's as noted above. Recommendation is for authorization.

**Tramadol ER 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88-89, 76-78.

**Decision rationale:** According to the 09/10/2014 report, this patient presents with "persistent back pain which he rates at 2-8/10 on pain scale. "The physician is requesting Tramadol ER 150mg #60. Tramadol was first mentioned in the 05/22/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per patient "these medications alleviate his pain more than 50% and help increase his walking distance by at least 20 minutes. He says he had one day last month where he had no pain for 23 hours and did not need to take pain medication. "The 06/17/2014 CURES report was reviewed and found to be consistent with the providers. No aberrant behavior. The 08/11/2014 indicates "medications alleviates his pain from 7/10 to 1-2/10 on the pain scale and are working well to control his pain and he is sleeping longer. "The patient "just returned from a six week vacation." Review of report shows good documentation of the four A's as noted above. Recommendation is for authorization.

**Orphenadrine Citrate 100mg ER #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** According to the 09/10/2014 report, this patient presents with "persistent back pain which he rates at 2-8/10 on pain scale. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer then the recommended 2-3 weeks. The physician is requesting Orphenadrine Citrate #60 and this medication was first noted in the 05/22/2014 report. Orphenadrine Citrate is not recommended for long term use. The physician does not mention that this is for a short-term use. Therefore, recommendation is for denial.

**Trigger point injection:** Upheld

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

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

**Decision rationale:** According to the 09/10/2014 report, this patient presents with "persistent back pain which he rates at 2-8/10 on pain scale. "The physician is requesting trigger point injection "due to the patient's complaints of pain and tightness in the low back." Regarding repeat trigger point injections, MTUS guidelines page 122 state "No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." The physician mentions on the 09/10/2014 report, trigger injections "helped decrease his pain at least 50%." In this case, there was document of pain relief greater than 50% after the prior injection on 04/24/2014 and 06/18/2014. However, examination does not show trigger points with taut band and referred pain pattern as required by the MTUS guidelines. Recommendation is for denial.