

<b>Case Number:</b>	CM14-0140281		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Geriatrics and is licensed to practice in New York. 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:

This case involves a female injured worker who sustained an injury on 1/7/05. The injured worker was seen on 7/24/14 for a pain medicine re-evaluation. There were complaints of neck pain that radiated down bilateral upper extremities, low back pain with radiation down bilateral lower extremities and insomnia. She reported chronic gastrointestinal (GI) upset and constipation, and is status post caudal epidural steroid infusion at bilateral L4-5. The note indicates that a discussion of side effects, function and efficacy was completed but details are not included. Her exam showed spasms and tenderness in the cervical spine at C5-7. Myofascial trigger points were noted in the left trapezius muscled and range of motion was slight to moderately limitations. Sensory exam showed decreased sensation in the left upper extremity at C5-6. There was spasm at L4-S1 with tenderness. She had tenderness at the left acromioclavicular joint, left anterior shoulder and left thumb with positive Apply's. Left shoulder range of motion was decreased due to pain, and motor exam showed decreased strength of the extensor and flexor muscles of the left lower extremity. Diagnoses included chronic pain, cervical radiculitis, status post cervical spine fusion, chronic constipation, gastritis, insomnia, urinary incontinence and frequency, and hemorrhoids. At issue in this review is a urine drug screen, gym membership with pool access and the medications Restone, Enovarx, Senokot, Tramadol, gabapentin and tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-78.

**Decision rationale:** Urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case, the records fail to document any issues of abuse, addiction or the medical necessity of a drug screen. Therefore, this request is not medically necessary.

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

**Decision rationale:** Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Tramadol to justify use. Therefore, this request is not medically necessary.

**Restone 3-100MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drugs, Melatonin

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, Treatment of Insomnia

**Decision rationale:** Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may exacerbate the problem and receive advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this case, the injured worker's sleep pattern, hygiene or level of insomnia is not addressed and documented in the note. In addition, it is not documented that there injured worker has undergone a trial of cognitive behavioral therapy. Therefore, this request is not medically necessary.

**Tizanidine 4MG #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 Page(s): 63-66.

**Decision rationale:** Zanaflex or tizanidine is a muscle relaxant used in the management of spasticity. This injured worker has left shoulder and back pain associated to an injury they sustained. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 7/14 fails to document significant improvement in pain, spasm or functional status or a discussion of side effects specifically related to tizanidine to justify use. Therefore, this request is not medically necessary.

**Enovarx Ibuprofen 10% kit #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** In chronic low back pain, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The MD visit of 7/14 fails to document significant improvement in pain, spasm or functional status or a discussion of side effects specifically related to Enovarx ibuprofen to justify use. Therefore, this request is not medically necessary.

**Gabapentin 600MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The MD visit of 7/14 fails to document significant improvement in pain, spasm or functional status or a discussion of side effects specifically related to gabapentin to justify use. Therefore, this request is not medically necessary.

**Senokot 50-8.6MG #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate, Drug Information and Management of Chronic Constipation, Sennokot

**Decision rationale:** Senna is a stimulant laxative used for the short-term treatment of constipation and its unlabeled use is to evacuate the colon for bowel or rectal examinations as well as management/prevention of opioid-induced constipation. The medical records document chronic constipation but do not specifically document efficacy or side effects of Senokot to justify medical necessity. Therefore, this request is not medically necessary.

**Gym Membership with Pool Access:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

**Decision rationale:** There is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. This injured worker has received pool therapy and physical therapy in the past for 12 sessions each. However, there is no documentation indicating why a self-directed home exercise program cannot be put in place. In addition, the records do not support the medical necessity for a gym membership with pool access. Therefore, this request is not medically necessary.