

<b>Case Number:</b>	CM14-0211344		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 56 year old female with an injury date of 12/01/11. The 11/06/14 progress report by [REDACTED] states that the patient presents with continued intermittent lower back pain with numbness and tingling to the legs with nightly sleep difficulty. There is continued right hand numbness and the thumb locks. The patient wears a brace for the lumbar spine. She is temporarily totally disabled for 6 weeks. Examination of the lumbar spine shows tenderness to palpation with muscle spasm. Cervical examination on 09/23/14 reveals tenderness to palpation over the suboccipital muscle and paravertebral musculature with spasm in the right upper trapezius muscle. The patient's diagnose include: 1. Status post C3 through C7 discectomy/fusion 11/06/12. 2. Lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis and left sacroiliac join sprain, with disc protrusion/severe central stenosis at L4-L5 per MRI March 2012. 3. S/p lumbar spine surgery 05/06/14. 4. Right trigger thumb and right carpal tunnel syndrome, mild. 5. Bilateral knee sprain. 6. Left hip sprain/strain with negative MRI scan. 7. Psychiatric complaints deferred to [REDACTED] 8. Sleep disturbance secondary to pain (02/10/14 report)The patient received two cortisone injections to the thumb with one month relief of triggering. She has deferred surgery for the thumb and follows up with [REDACTED] for the lumbar spine. Medications are listed as: Ultram ER, Fexmid, and Sonata. The utilization review is dated 12/04/14. Reports were provided for review from 02/10/14 to 11/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

**Decision rationale:** The patient presents with continued, intermittent lower back pain extending to the legs with numbness and tingling along with right hand numbness with thumb locking. The patient has nightly sleep difficulty. The current request is for Fexmid 7.5 mg #60 (Cyclobenzaprine) per 11/06/14 report and RFA. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The 11/06/14 report states this medication is for treatment of spasm to resume activity and functional restoration and is used Off-Label for lower back pain. It is unknown from the reports provided exactly how long the patient has been prescribed this medication. It shows on the 09/23/14 and 11/06/14 reports. In this case, MTUS recommends short-term use of no more than 2-3 weeks. The RFA states use is, "one tablet, orally, twice per day." Following use from 09/23/14 to 11/06/14 the request is for an additional supply for 30 days which exceeds the use recommended by MTUS. The request is not medically necessary.

**Sonata 10 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter Zaleplon (Sonata®).

**Decision rationale:** The patient presents with continued, intermittent lower back pain extending to the legs with numbness and tingling along with right hand numbness with thumb locking. The patient has nightly sleep difficulty. The current request is for Sonata 10 mg #30 per the 11/06/14 report and RFA. ODG guideline mental illness and stress chapter states "Zaleplon (Sonata) reduces sleep latency. Because of its short half-life (one hour), may be readministered upon nocturnal waking provided it is administered at least 4 hours before wake time. (Ramakrishnan, 2007) This medication has a rapid onset of action. Short-term use (7-10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks." The 11/06/15 report states regarding this request, "Patient has failed behavioral techniques for improved sleep and has sleep difficulty." There is documentation in the reports provided of sleep difficulty for this

patient as early as 02/10/14. The 11/06/14 RFA states use of the medication is, ".one tablet, at bedtime." It appears that the patient is starting this medication 11/06/14. Guidelines allow a short-term trial of the medication of 7-10 days with use of up to 5 weeks with evidence of effectiveness. In this case, it appears the request for a trial is for a 30 day supply of the medication. If for other than a trial, no documentation of efficacy is included in the reports provided. The request is not medically necessary.

**Personal trainer at gym for instruction on core strengthening/in pool sessions #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The patient presents with continued, intermittent lower back pain extending to the legs with numbness and tingling along with right hand numbness with thumb locking. The patient has nightly sleep difficulty. The current request is for Personal trainer at gym for instruction on core strengthening/in pool sessions #6 per the 11/06/14 report and RFA. The MTUS guidelines pages 98-99 regarding Physical Medicine state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions(s)." The guideline anticipates that training a patient for an independent exercise program should be done as part of medical treatment by a physical therapist. It is not clear that training by a personal trainer would meet the definition of medical treatment. In this case, it is not apparent that a personal trainer would be qualified to provide such instruction or is it apparent why a personal trainer would be appropriate rather than a physical therapist as the MTUS guidelines recommend. The current request for a personal trainer IS NOT medically necessary.

**Stimulation unit supplies:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcome and Endpoints Page(s): 8.

**Decision rationale:** The patient presents with continued, intermittent lower back pain extending to the legs with numbness and tingling along with right hand numbness with thumb locking. The patient has nightly sleep difficulty. The current request is for Personal trainer at gym for instruction on core strengthening/in pool sessions #6 per the 11/06/14 report and RFA. The MTUS guidelines pages 98-99 regarding Physical Medicine state, "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions(s)." The guideline anticipates that training a patient for an independent exercise program should be done as part of medical treatment by a physical therapist. It is not clear that training by a personal trainer would meet the definition of medical treatment. In this case, it is not apparent that a personal trainer would be qualified to provide such instruction or is it apparent why a personal trainer would be appropriate rather than a physical therapist as the MTUS guidelines recommend. The current request for a personal trainer is not medically necessary.