

<b>Case Number:</b>	CM15-0113673		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/17/2003
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 55 year old female patient who sustained an industrial injury on 12/17/2003. The accident was described as while working as a machine operator/material cutter that involved working on a team of two operating a machine feeding plastic sheets into machine and manually removing them, cutting materials, lifting, swooping, stacking, and bending movements. She was carrying material and walking and unable to see beyond the material she was carrying and hit her leg on the stacked material she was walking by twisting her foot outward and falling to the ground striking her knee and slipping forward on the floor. The patient has not returned to work since the date of injury 12/17/2003. Subsequently, on 02/02/2013 she underwent lumbar spine surgery. A visit dated 12/24/2014 reported the patient has permanent and stationary. She was also with complaint of feeling sad, depressed and anxious. Previous treatment to include: oral medications, modified job duty, a course of physical therapy. In addition, she has undergone lumbar spine surgery on 12/09/2005, again on 08/02/2007 and lastly on 09/30/2009. Current medication consisted of: hydrocodone, Ambien, Colace, Metamucil and Maalox. The following diagnoses are applied: narcotic bowel syndrome secondary to Opiate administration; depressive disorder; history of peptic ulcer surgery; carpal tunnel syndrome; cervical strain/sprain; right shoulder strain; status post lumbar discectomy with fusions; bursitis, left hip; history of left knee contusion; status post left foot fifth metatarsal fracture; aggravation of gastritis/GERD secondary to NSAID's; high grade small bowel obstruction (SBO), secondary to adhesions; status post exploratory laparotomy, lysis of adhesions and release of SBO;

recurrent hospitalizations; urinary frequency/incontinence secondary to orthopedic pain; and weight gain.

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

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

#### **Gabapentin 500mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs/ anti-convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

**Decision rationale:** Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing lower back pain that went into the legs, problems sleeping, and shoulder discomfort with movement. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. However, the worker was suffering from neuropathic pain and seemed to have some amount of benefit from this treatment. In light of this supportive evidence, the current request for 60 tablets of Gabapentin 500mg is medically necessary. Future documentation should include the specific benefits from this medication and thorough pain assessments as suggested by the Guidelines.

#### **Colace 100mg #60: 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): 74-95. Decision based on Non-MTUS Citation Wald A, et al. Management of chronic constipation in adults, Topic 2636, version 21.0, Up-to-date, accessed 09/18/2015.

**Decision rationale:** The MTUS Guidelines encourage the prevention and management of constipation that is caused by opioid pain medications. Docusate is a medication in the stool softener category. It works by allowing more water to enter the stool, making it softer and potentially easier to pass. While docusate has few side effects, it is less effective than other laxatives and treatments available. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs, problems sleeping, and shoulder discomfort with movement. There was no mention of other treatments that were tried but had failed to correct a problem of hard stools. There was no discussion supporting the use of docusate as first line therapy for the prevention of medication-induced constipation. In the absence of such evidence, the current request for sixty tablets of docusate sodium 100mg is not medically necessary.

**Unknown physical therapy for the bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist, & Hand (Acute & Chronic) Physical/Occupational Therapy Guidelines.

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing lower back pain that went into the legs, problems sleeping, and shoulder discomfort with movement. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. Further, the request was for an indefinite number of sessions, which would not allow for a comparison to the available literature or the MTUS Guidelines. For these reasons, the current request for an indefinite number of physical therapy sessions for both wrists is not medically necessary.

**Unknown physical therapy for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Physical/Occupational Therapy Guidelines.

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing lower back pain that went into the legs, problems sleeping, and shoulder discomfort with movement. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. Further, the request was for an

indefinite number of sessions, which would not allow for a comparison to the available literature or the MTUS Guidelines. For these reasons, the current request for an indefinite number of physical therapy sessions for the lower back area is not medically necessary.

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, 165-188 and 261.

**Decision rationale:** The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. EMG of the arms or legs is supported to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs, problems sleeping, and shoulder discomfort with movement. There was no discussion suggesting any of the above conditions or describing special circumstances that would support the use of these studies in this setting. In the absence of such evidence, the current request for repeat electromyography (EMG) and nerve conduction velocity (NCV) studies of both arms is not medically necessary.