

<b>Case Number:</b>	CM15-0042464		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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

### 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 59 year old female who has reported neck and upper extremity symptoms after an injury on September 2, 2003. The initial mechanism of injury is not stated in the records. The injured worker was diagnosed with cervical disc disease/stenosis, chronic radiculopathy, post-op shoulder arthroscopy, and bilateral carpal tunnel syndrome. Treatment to date has included shoulder surgery, acupuncture, physical therapy, facet rhizotomy, and medications. Reports of the primary treating physician during 2014 reflect worsened neck pain, limited neck range of motion, trapezius swelling, references to prior rhizotomy and acupuncture with without any specific details of results, ongoing tramadol and Zanaflex, a cervical pillow, unspecified "physical therapy", and a work status of off work "per QME." The last rhizotomy was stated to be in 2013 per some reports, and "early 2014" in other reports. Cyclobenzaprine was listed on the report of 11/24/14, and Robaxin was listed in the report of 7/1/14. The earliest report in the records is dated 2/27/14. There is no evidence presented of functional improvement from prior treatments. Unspecified pain relief was reported due to acupuncture and rhizotomy. More "conservative treatments" were recommended to maintain good results. Per the PR2 of 1/20/15, there was worsening neck pain, rated as 8/10, with paresthesias radiating into the upper extremities. Prior acupuncture helped tremendously. Pain is controlled with medications. The last rhizotomy was in October 2013, which reduced pain from 8 to 4/10 and allowed sleep for 6 hours. The treatment plan included a specialist consultation, cervical pillow, additional acupuncture visits, physical therapy "for cervical stiffness," and medications. The work status was off work "per QME." Tramadol and Zanaflex were prescribed. The Request for

Authorization lists cyclobenzaprine, not Zanaflex. On 2/25/13 Utilization Review non-certified acupuncture, physical therapy, a consultation, tramadol, and cyclobenzaprine. Utilization Review noted prior Utilization Reviews of 8/29/14 and 12/30/14, which had addressed acupuncture, physical therapy, the consult, and the medications. Note was made of the lack of information about the results from prior acupuncture and physical therapy visits. Utilization Review states that medications were not prescribed according to the MTUS recommendations.

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

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

#### **Acupuncture for the cervical spine Qty:6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement." Medical necessity for any further acupuncture is considered in light of "functional improvement." Since the completion of the prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduced dependency on medical treatment. Rather, the treating physician has continued to see the injured worker on a frequent basis and prescribe more of the same treatment. Although the treating physician has referred to pain relief from prior acupuncture, specific functional improvement was not described in any of the available reports. Off work status is evidence of a lack of focus on functional improvement and a failure of treatment. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS.

#### **Physical therapy for the cervical spine Qty:8: 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 Introduction, functional improvement. Physical Medicine.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. The content of the proposed physical therapy was not mentioned. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. There are no physician reports outlining a specific need for Physical Medicine other than pain and stiffness. There are no functional goals. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional

improvement. Given the completely non-specific prescription for physical therapy in this case, it is possible that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Physical Medicine for chronic pain should be focused on progressive exercise and self-care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Off work status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the lack of a sufficient prescription.

**Consultation for rhizotomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-5, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Facet joint diagnostic blocks, neurotomy.

**Decision rationale:** The ACOEM Guidelines page 174-5 state that cervical facet medial branch blocks followed by neurotomy may be useful. Facet neurotomy is indicated if there is a good response to medial branch blocks. Presumably, this injured worker had the appropriate facet blocks followed by a neurotomy. The MTUS does not provide direction for repeat rhizotomy. The MTUS for chronic pain states that all treatment of chronic pain is for functional improvement. No reports show functional improvement after the last rhizotomy (which was in either 2013 or 2014), and the work status continued to be "off work." The Official Disability Guidelines, per the citation above, recommend "There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration)." The treating physician has not provided evidence of the degree and duration of pain relief per the Official Disability Guidelines. Given the lack of sufficient details of benefit regarding the last rhizotomy, a referral for a repeat rhizotomy is not medically necessary.

**Tramadol 50 mg #90:** 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 Opioids, steps to avoid misuse/addiction. Opioid management. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials. Tramadol Page(s): 77-81, 94, 80, 81, 60, 94, 113.

**Decision rationale:** There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain levels are routinely reported as high. Despite whatever non-specific improvements in function are reported, the continued "off work" work status is a good indication of no functional improvement. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

**Cyclobenzaprine:** 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 muscle relaxants Page(s): 63-66.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for muscle relaxants, per the MTUS, should be for short-term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently over the last year. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The most recent medical report and prescription do not have a prescription for cyclobenzaprine. The prescription is actually for tizanidine. The request for cyclobenzaprine does not appear to be supported by the documentation. Cyclobenzaprine (assuming any actual prescription), per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS and the lack of a prescription, this muscle relaxant is not indicated and is not medically necessary.