

<b>Case Number:</b>	CM15-0060462		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/07/2006
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old female who reported an injury on 04/07/2006. The mechanism of injury was not provided. The documentation of 01/07/2015, revealed the injured worker had pain and intermittent swelling in the low back. The injured worker found her medications helpful. The injured worker indicated she would like a refill of oxycodone and Xanax. The injured worker was able to walk 20 to 30 minutes longer with the help of medications, and was able to complete her activities of daily living. The injured worker was noted to get all of her medications filled through 1 pharmacy. The injured worker as noted to utilize a TENS unit. However, it was no longer providing adequate pain relief. The pain was in the low back and buttocks. The pain was 9/10 without medications, and 3/10 with medications. The injured worker denied nausea, vomiting, diarrhea, constipation, or acid indigestion. The physical examination revealed sensation was intact. However, it was slightly decreased over the left lateral leg. The straight leg raise was positive bilaterally. The medications included Xanax 1 mg, gabapentin 300 mg, oxycodone 15 mg, methocarbamol 500 mg, Effexor 75 mg, naproxen 375 mg, Lidoderm patches, and calcium magnesium. The diagnoses included chronic pain syndrome and depression, as well as other anxiety states, and muscle pain. The treatment plan included a refill of the medications, and massage therapy. Additionally, the request was made for an H wave trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 15mg: Upheld**

**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, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective improvement in function, an objective decrease in pain, and there was documentation the injured worker was being monitored for aberrant drug behavior and side effects. However, the request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for oxycodone 15 mg is not medically necessary.

**Xanax 1mg quantity 120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 6, page 142.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 1 mg, quantity 120, is not medically necessary.

**Robaxin 500mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there

should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker used the medication on an as needed basis. However, the efficacy was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and the quantity for the requested medication. Given the above, the request for Robaxin 500 mg is not medically necessary.

**Trazadone 50mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Anxiety Meds in Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated there was a psychological assessment, and the injured worker had objective functional improvement and an objective decrease in pain. The documentation failed to indicate the sleep quality and duration. The request, as submitted, failed to indicate the frequency for the requested medication. The request, additionally, failed to provide documentation of the frequency for the requested medication, as well as the quantity. Given the above, the request for trazodone 50 mg is not medically necessary.

**H-Wave trial nine months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines do not recommend H-wave stimulation as an isolated intervention, however, recommend a one-month trial for neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence based restoration and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The clinical documentation submitted for review indicated the injured worker had trialed a TENS unit. However, there was a lack of documentation of a failure of conservative care, including physical therapy and medications. There was a lack of documentation indicating a necessity for an H wave trial for 9 months versus

1 month, per recommendations from the guidelines. Given the above, the request for an H wave trial, 9 months, is not medically necessary.