

<b>Case Number:</b>	CM15-0079903		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

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 60-year-old male who sustained an industrial injury on 8/29/14. He has reported initial complaints of something pulling in the groin area after standing boxes. The diagnoses have included lumbar strain and lumbar disc herniations. Treatment to date has included medications, 12 sessions of physical therapy, hernia repair surgery, diagnostics and home exercise program (HEP). The diagnostic testing that was performed included x-rays, labs, Magnetic Resonance Imaging (MRI), currently, as per the physician progress note dated 3/13/15, the injured worker complains of low back pain with bilateral extremity numbness and tingling. The injured worker feels that physical therapy has been beneficial. The pain was unchanged from previous visit and rated 5/10 on pain scale with medications and 7/10 without medications. It was noted that he wants to wait until finishing the physical therapy before thinking about the back surgery. He is also attempting to slowly wean off the Norco and using Ultram. There are persistent spasms in the low back, which are reduced with the muscle relaxant. He would like to try a home Interferential Unit (IF) stimulator. The injured worker was not working. The physician requested treatments has included Purchase of interferential unit, Physical therapy (2x4), Ultram HCL ER 150mg #60, and Fexmid Cyclobenzaprine 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of interferential unit:** 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 Interferential Current Stimulation page(s): 118-120.

**Decision rationale:** Based on the 02/13/15 progress report provided by treating physician, the patient presents with low back pain with bilateral lower extremity numbness and tingling. The request is for PURCHASE OF INTERFERENTIAL UNIT. RFA not provided. Patient's diagnosis on 02/13/15 includes lumbar strain and lumbar herniations, L4-5 and L5-S1, per MRI dated 11/07/14. Physical examination to the lumbar spine on 02/13/15 revealed slightly antalgic gait, muscles spasms and tenderness to paraspinal musculature. Range of motion decreased by 30%. Treatment to date has included physical therapy, hernia repair surgery, diagnostics, home exercise program, and medications. Patient's medications included Ultram, Fexmid, Norco, and Anaprox. The patient is not working and remains temporarily totally disabled, per 01/15/15 report. Treatment reports were provided from 09/03/14 - 04/09/15. MTUS pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "While not recommended as an isolated intervention, patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Treater has not discussed reason for the request, nor how the device will be used, or what body part will be treated. Medical records show the requested treatment is not intended as an isolated intervention, as the patient takes oral medications and participates in home exercise program. With regards to interferential unit, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. MTUS requires 30-day rental with documentation of use and efficacy before a home unit is allowed. There is no documentation that the patient has trialed IF unit for a one-month with documentation of outcomes. This request for Interferential unit purchase is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.

**Physical therapy (2x4):** 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 Physical Medicine page(s): 98-99.

**Decision rationale:** Based on the 02/13/15 progress report provided by treating physician, the patient presents with low back pain with bilateral lower extremity numbness and tingling. The request is for PHYSICAL THERAPY (2X4). RFA not provided. Patient's diagnosis on 02/13/15 includes lumbar strain and lumbar herniations, L4-5 and L5-S1, per MRI dated 11/07/14. Physical examination to the lumbar spine on 02/13/15 revealed slightly antalgic gait, muscles spasms and tenderness to paraspinal musculature. Range of motion decreased by 30%. Treatment to date has included physical therapy, hernia repair surgery, diagnostics, home exercise program, and medications. Patient's medications included Ultram, Fexmid, Norco, and Anaprox. The patient is not working and remains temporarily totally disabled, per 01/15/15 report. Treatment reports were provided from 09/03/14 - 04/09/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per 02/13/15 report, treater states the patient "finds PT has been very helpful but he has only had 12 sessions so far he feels that pain is bad enough for surgery but wants to complete PT first." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, the patient has already exceeded guideline allowed recommended visits, and this patient is already on home exercise program. Furthermore, there is no discussion of flare-up's or new injury to warrant additional physical therapy. Moreover, the request for additional 8 sessions would be excessive based on MTUS recommendations. Therefore, the request IS NOT medically necessary.

**Ultram HCL ER 150mg #60:** 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 CRITERIA FOR USE OF OPIOIDS Tramadol(Ultram) page(s): 76-78, 88-89, 113.

**Decision rationale:** Based on the 02/13/15 progress report provided by treating physician, the patient presents with low back pain with bilateral lower extremity numbness and tingling. The request is for ULTRAM HCL ER 150MG #60. RFA not provided. Patient's diagnosis on 02/13/15 includes lumbar strain and lumbar herniations, L4-5 and L5-S1, per MRI dated 11/07/14. Physical examination to the lumbar spine on 02/13/15 revealed slightly antalgic gait, muscles spasms and tenderness to paraspinal musculature. Range of motion decreased by 30%. Treatment to date has included physical therapy, hernia repair surgery, diagnostics, home exercise program, and medications. Patient's medications included Ultram, Fexmid, Norco, and Anaprox. The patient is temporarily totally disabled, per 01/15/15 report. Treatment reports were provided from 09/03/14 - 04/09/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the

4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Ultram (Tramadol) has been included in patient's medications, per progress reports dated 01/15/15, and 02/13/15. Per 02/13/15 report, treater states the patient "is attempting to wean off Norco and is using Ultram to help with this. These medications decrease the patient's pain by approximately 2-3 points on the pain scale. The medications allow improve ADL's including the ability to ambulate, use the bathroom, provide self-care, cook and clean. The patient's ability to function is much improved with the use of the prescribed medications and has resulted in a marked decrease in symptoms caused by the industrial injury." In this case, treater has addressed analgesia and benefit from the medication with numerical scales and functional measures with examples of ADL's. However, in addressing the 4A's, treater has not discussed adverse side effects, or aberrant behavior. Furthermore, per toxicology report dated 02/17/15, results were shown to be Inconsistent for both Norco and Tramadol. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, and inconsistent UDS results, the request IS NOT medically necessary.

**Fexmid Cyclobenzaprine 7.5mg #60:** 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 (for pain) page(s): 63-66.

**Decision rationale:** Based on the 02/13/15 progress report provided by treating physician, the patient presents with low back pain with bilateral lower extremity numbness and tingling. The request is for FEXMID CYCLOBENZAPRINE 7.5MG #60. Patient's diagnosis per Request for Authorization form dated 12/18/14 and 02/23/15 includes sprain lumbar region, disc displacement NOS. Patient's diagnosis on 02/13/15 includes lumbar strain and lumbar herniations, L4-5 and L5-S1, per MRI dated 11/07/14. Physical examination to the lumbar spine on 02/13/15 revealed slightly antalgic gait, muscles spasms and tenderness to paraspinal musculature. Range of motion decreased by 30%. Treatment to date has included physical therapy, hernia repair surgery, diagnostics, home exercise program, and medications. Patient's medications included Ultram, Fexmid, Norco, and Anaprox. The patient is not working and remains temporarily totally disabled, per 01/15/15 report. Treatment reports were provided from 09/03/14 - 04/09/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for

musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per 02/13/15 report, treater states, "These medications decrease the patient's pain by approximately 2-3 points on the pain scale. The medications allow improve ADL's including the ability to ambulate, use the bathroom, provide self-care, cook and clean. The patient's ability to function is much improved with the use of the prescribed medications and has resulted in a marked decrease in symptoms caused by the industrial injury." In this case, a prescription for Fexmid is noted in progress reports dated 12/18/14 and 02/13/15. Per 02/13/15 report, treater states Cyclobenzaprine to use PRN muscle spasms and for pain relief. However, MTUS only recommends short-term use of muscle relaxants. Furthermore, the current request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.