

<b>Case Number:</b>	CM15-0093517		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	10/25/2008
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 46-year-old female who sustained an industrial injury on October 25, 2008. She reported a low back injury. The injured worker was diagnosed as having recurrent disc herniation, status post decompression in 2006, lumbar instability at lumbar 4-5 and lumbar 5-sacral 1, degenerative spondylosis at lumbar 4-5, and status post anterior lumbar discectomy and fusion at lumbar 4-5 and lumbar 5-sacral 1 on November 18, 2014. Diagnostic studies to date have included MRIs, x-rays, and urine drug screening. Treatment to date has included chiropractic therapy, physical therapy with transcutaneous electrical nerve stimulation (TENS), a home exercise program, a bone stimulator, and medications including short-acting and long acting oral pain medication, topical pain medication, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. It was noted that the injured worker has not worked since November 11, 2008. Tramadol was prescribed in June of 2014. Cyclobenzaprine was prescribed in October 2014. Urine drug screens from October 2014, January 2015, and April 2015 were submitted. On April 15, 2015, the injured worker complains of back pain, which is much better. She has improving numbness and tingling of the bilateral lower extremities. She complains of hurting knees and low back muscle spasms. She is undergoing physical therapy, which is helpful. She reports the use of a stimulator in physical therapy was helpful and is requesting an interferential unit. Her medications (including tramadol and muscle relaxant) help her pain and muscle spasms. The physical exam revealed normal bilateral upper and lower extremity reflex, sensory, and power testing. There was an antalgic gait, ability to heel and toe walk bilaterally, lumbar tenderness, lumbosacral spasms, and a clean, dry, and intact incision. Her work status is

temporarily totally disabled. The treatment plan includes continuation with physical therapy, an Interferential unit and refills of medications. A urine drug screen was noted to be administered. On 4/23/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

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

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

**IF unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter: interferential current therapy.

**Decision rationale:** Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. The treatment at issue is interferential current stimulation. Per the MTUS, this modality is not recommended as an isolated intervention. It may be used in association with return to work, exercise and medications. In this case, there was no documentation of return to work; the records indicate that the injured worker has not worked since November 2008, with current work status of temporarily very disabled. If certain criteria are met, a one-month trial may be appropriate to permit the physician and physical medicine provider to determine effects and benefits. Criteria include pain which is ineffectively controlled by medications, history of substance abuse, pain from postoperative conditions that limit the ability to perform exercise programs, or lack of response to conservative measures. None of these criteria was documented to be present for this injured worker. The recent progress report documents improvement in pain with physical therapy and medications, and no history of substance abuse was documented. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain, and post-operative knee pain. There are no standardized protocols for the use of interferential therapy. The ODG notes that interferential current therapy is not recommended for chronic pain. The treating physician has not provided a treatment plan, which includes interferential stimulation therapy in the context of the recommendations of the MTUS. As such, the request for IF unit is not medically necessary.

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): 41-42, 63-66.

**Decision rationale:** This injured worker has chronic back pain. Flexeril (cyclobenzaprine) has been prescribed for at least six months. 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. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function because of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine, per the MTUS, is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Due to length of use in excess of the guidelines and lack of functional improvement, the request for flexeril is not medically necessary.

**Lidoderm 5% patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine medication Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or lyrica. The FDA for neuropathic pain has designated topical lidocaine in dermal patch form (Lidoderm) for orphan status, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS recommends against Lidoderm for low back pain or osteoarthritis. This injured worker has chronic low back pain. There is no evidence in any of the medical records that this injured worker has peripheral neuropathic pain, or that the injured worker has failed the recommended oral medications. As such, the request for lidoderm is not medically necessary.

**Tramadol 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic low back pain. Tramadol has been prescribed for at least 10 months. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. 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, and opioid contract. No functional goals were discussed, and it was documented that the injured worker had not worked since November 2008. No opioid contract was discussed. Urine drug screens were submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Change in activities of daily living and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.