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| <b>Case Number:</b>   | CM15-0129806 |                              |            |
| <b>Date Assigned:</b> | 07/22/2015   | <b>Date of Injury:</b>       | 03/05/2005 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/06/2015 |

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 reported multiple industrial injuries on 3/5/2005 of pain in her neck and bilateral elbows, wrists, and hands. She is diagnosed with cervical disc disease, brachial plexus neuritis; carpal tunnel syndrome post decompression, bilateral epicondylitis, bilateral forearm tenosynovitis, bilateral wrist inflammation, and chronic pain syndrome. Treatment has included wrist wraps, physical therapy with temporary improvement, iontophoresis, acupuncture, gym therapy, use of a neck pillow, traction, medial branch blocks with report of minimal relief; intra-articular facet joint injections C3-4, C4-5, and C5-6; radiofrequency rhizotomy on C-3, 4, and 5 with reported symptom improvement; bilateral carpal tunnel surgery with continued symptoms post op; left carpal tunnel injection with noted minimal symptom improvement; medial branch radiofrequency; neurotomy with reported improvement in range of motion; regular use of home TENS unit with reported pain relief; bilateral elbow injections; cervical pillow; cervical radiofrequency ablation; and medication. The injured worker continues to report neck and wrist pain, bilateral hand weakness, limited range of motion to her neck, and difficulties with some activities of daily living. The treating physician's plan of care includes 12 physical therapy sessions; muscle stimulator with 2 conductive garments; consult for radiofrequency ablation; Norco; Flexeril; Nalfon; Tramadol; Protonix; Effexor; Wellbutrin; and, Trazodone. She is presently working full time with modifications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy x 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Physical Therapy.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of chronic musculoskeletal pain. The guidelines recommend that patient proceed to a home exercise program after completion of supervised physical therapy. The records indicate that the patient had completed previous sessions of supervised physical treatments. The request for the Physical Therapy (PT) X12 is not medically necessary.

### **DME: IF or muscle stimulator and conductive garment x 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Interferential Stimulation therapy.

**Decision rationale:** The CA MTUS and the ODG guidelines noted that there is insufficient data to support the use of Interferential Therapy or Conductive garment in the treatment of chronic musculoskeletal pain. The guidelines recommend that conservative management with medications, PT, home exercise and physical treatment measures such as TENs unit can be effective in the management of exacerbation of musculoskeletal pain. The use of DME is only supported when mobility and comfort cannot be achieved without utilization of DME. The records did not show that the patient was unable to ambulate or function without the use of DME. The request for the use of DME Interferential Therapy / muscle stimulator or conductive garment X2 is not medically necessary.

### **Norco 5mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. There is documentation of compliance, functional restoration and efficacy with utilization of the medications. There was no aberrant medication behavior or adverse effect. The patient is able to continue employer with utilization of the medications. The request for the use of Norco 5mg # 60 is medically necessary.

**Flexeril 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 Medical Treatment 2009, Section(s): Medications for chronic pain, Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs and PT are not effective. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids or sedative medications. The records indicate that the duration of utilization of Flexeril had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing multiple opioids and sedative psychiatric medications concurrently. The request for the use of Flexeril 7.5mg #60 is not medically necessary.

**Nalfon 400mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and gastrointestinal complications. The records indicate that the patient reported significant efficacy and functional restoration with utilization of the pain medications. She is able to return to modified work schedule. The request for the use of Nalfon 400mg #60 is medically necessary.

**Tramadol ER 150mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Medications for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with psychiatric and sedative medications. There is documentation of compliance, functional restoration and efficacy with utilization of the medications. There was no aberrant medication behavior or adverse effect. The patient is able to continue employer with utilization of the medications. The request for the use of Tramadol ER 150mg # 60 is medically necessary.

**Protonix 20mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease in high risk patients. The records did not show that the patient was elderly or have a significant history of gastrointestinal disease. There is no record that the patient failed treatment with first line proton pump inhibitors such as omeprazole. The guidelines recommend that the minimum doses of NSAIDs be utilized for the shortest periods to minimize the incidence of gastrointestinal complication. The request for the use of Protonix 20mg #60 is medically necessary.

**Effexor SR 75mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain, Venlafaxine (Effexor). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic pain, chronic pain syndrome and associated psychosomatic disorders. The presence of untreated anxiety and depression is associated with increased risk of non compliance with pain treatment recommendations, aberrant behaviors, decreased efficacy of PT and surgeries and frequent exacerbation of chronic musculoskeletal pain. The records indicate that the patient had significant history of psychiatric conditions associated with the chronic pain syndrome. The request for the use of Effexor SR 75mg #60 is medically necessary.

**Wellbutrin 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Bupropion (Wellbutrin), Medications for chronic pain.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic pain, chronic pain syndrome and associated psychosomatic disorders. The presence of untreated anxiety and depression is associated with increased risk of non compliance with pain treatment recommendations, aberrant behaviors, decreased efficacy of PT and surgeries and frequent exacerbation of chronic musculoskeletal pain. The records indicate that the patient had significant history of psychiatric conditions associated with the chronic pain syndrome. The request for the use of Wellbutrin 150mg #60 is medically necessary.

**Trazodone 50mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of neuropathic pain, chronic pain syndrome and associated psychosomatic disorders. The presence of untreated anxiety and depression is associated with increased risk of non compliance with pain treatment recommendations, aberrant behaviors, decreased efficacy of PT and surgeries and frequent exacerbation of chronic musculoskeletal pain. The records indicate that the patient had significant history of psychiatric conditions associated with the chronic pain syndrome. The request for the use of Trazodone 50mg #60 is medically necessary.

**Consult for radiofrequency ablation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Radiofrequency Ablation.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that facet procedures can be utilized for the treatment of non radicular cervicogenic and lumbar spine pain when conservative treatments have failed. The records indicate subjective and objective findings consistent with radicular discogenic pain. The patient had previously completed cervical facet rhizotomy procedures without sustained pain relief. The guidelines noted the presence of significant psychosomatic disorders is associated with decreased efficacy of interventional pain procedures. This patient had reported significant pain relieved with utilization of analgesic and psychiatric medications. The request for Consult for radiofrequency ablation is not medically necessary.

**10 Panel urine drug screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, long-term assessment, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, Toxicology Tests.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Urine Drug tests (UDS) can be conducted randomly for compliance monitoring during chronic opioids treatments. The records indicate that the patient is utilizing multiple opioids, sedative and psychiatric medications concurrently. The guidelines recommend that documentation of absence of aberrant behavior, CURESS data reports and serial UDS during chronic opioids treatments. The request for 10 Panel urine drug screen is medically necessary.