

<b>Case Number:</b>	CM13-0019472		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/19/1994
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

■ is 43yo female with date of injury of 10/19/1994. No mechanism provided. ■ has a diagnosis of lumbosacral disc degeneration, lumbosacral neuritis and cervical disc degeneration. Note by ■ (Pain management) on 7/22/13 notes patient is complaining of low back pain. Notes that patient has increased pain with facet medial branch injection. Notes normal motor and reflex exam(no noted location). Notes decreased L5-S1(no noted location) in sensation, paraspinous muscle pain on palpation and antalgic gait. Note mentions 3month relief of pain with prior epidural steroid injection done on 12/20/2011 with "70% pain relief" There is no documentation of current pain intensity, pain relief with medication or level of pain relief with prior steroid injection. Last note by ■ on 8/19/13 notes no change in neurological exam and pain over paraspinous muscles(no location noted) and no other physical exam or history noted. There is pain level noted. Note mentions undefined improvement of pain with nortriptyline. Note of improvement of pain(undefined) with myofascial release. MRI on 10/30/09 shows degenerative disc disease in L4-5 and L5-S1. L5-S1 central posterior annulus tear with broad based posterior disc protrusion with some indentation of L lateral S1 root. Mild moderate neural foramina narrowing with no impingement and normal spinal canal. Current medication of Zanaflex, Tramadol, nortriptyline, lidoderm patches, zantac, senokot and hydrochlorthiazide. Urine toxicology on 7/24/13 showed no inconsistent results. Request review for L5-S1 translumbar epidural steroid injection bilaterally. Request review for Nucynta 50mg, Tramadol 50mg and Zanaflex. Utilization review on 8/15/13 recommended non-certification of all requested procedures and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trans lumbar ESI L5-S1 bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

**Decision rationale:** Epidural Steroid Injections(ESI) is recommended as an option for radicular pain. Current guideline recommends no more than 2 ESI but recommends 2nd ESI if 1st has partial improvement. However provided information fails to meet indication for ESI as per MTUS guidelines. There is specific indications for ESI use in the MTUS: 1)The guidelines require documentation of initial unresponsiveness to conservative treatment. While patient is on medication for her pain, there is documentation of some relief with myofascial release and nortriptyline. There is no documentation as to the level of baseline pain or improvement or failure with the above therapies. The provided information fails to provide evidence to support case for "unresponsiveness" to conservative therapy. 2)The guidelines require documentation of objective pain and functional improvement of at least 50%. While treating physician reports a "70% improvement in pain", there is no actual documentation of pain relief either by pain scale or decrease in medication use. There is no documentation of functional improvement.

**Nucyenta 50mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation criteria for utilization of opioid agents

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Nucyenta is unique drug with opioid activity and norepinephrine uptake inhibitor function used to treat pain. MTUS guidelines have specific recommendation for opioid use in chronic pain. There must be documentation as to actual improvement in pain with the use of the opioid, appropriate medication use, least reported pain, improvement in pain after taking the opioid and length of relief etc. and the "4 As" (Analgesia, activities of daily living, adverse side effects and aberrant drug behavior). ■ also appears to be on tramadol another opiate with very similar pharmacokinetics and effect. There is also strong interactions of Nucyenta, Tramadol and Nortriptyline that may lead to severe side effects. Due to lack of any documentation of a proper pain assessment for chronic opioid therapy, primary treating physician's awareness of potential drug interaction and close monitoring, the medication is not recommended.

**Tramadol 50mg:** 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 Page(s): 76-79.

**Decision rationale:** Tramadol is unique drug with opioid activity and mild norepinephrine uptake inhibitor function used to treat pain. MTUS guidelines have specific recommendation for opioid use in chronic pain. There must be documentation as to actual improvement in pain with the use of the opioid, appropriate medication use, least reported pain, improvement in pain after taking the opioid and length of relief etc. and the "4 As" (Analgesia, activities of daily living, adverse side effects and aberrant drug behavior). ■ also appears to be on Nucynta another opiate with very similar pharmacokinetics and effect. There is also strong interactions of Nucynta, Tramadol and Nortriptyline that may lead to severe side effects. Due to lack of any documentation of a proper pain assessment for chronic opioid therapy, primary treating physician's awareness of potential drug interaction and close monitoring, the medication is not recommended.

**Zanaflex:** 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:** Zanaflex is an anti-spasticity/spasm type muscle relaxant. According to MTUS guidelines muscle relaxants may have some improvement of pain when used short term for low back pain but no evidence of long term benefit. There is a risk of dependence when used long term. As per guidelines, muscle relaxants should only be used short term and this injury appears chronic. There is no documentation of any muscle spasms on exam and no documentation of objective pain relief with this medicine. There is also significant drug interaction between zanaflex with tramadol, Nucynta and Nortriptyline. The treating physician has not documented awareness of these potential interactions and monitoring of it. Due to lack of documentation of pain improvement or proper drug interaction monitoring, zanaflex is not recommended and treating physician should seriously consider tapering patient off the medication.