

<b>Case Number:</b>	CM13-0026021		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 36-year-old male with injury date of 06/16/2011. Per treating physician's report, 08/09/2013, chief complaints are chronic low back pain, right leg pain, groin pain, chronic neck pain radiation to the shoulders, headaches, and left knee pain. Listed diagnoses are chronic severe low back radiculopathy, compression fracture at S1 and pars fracture at L5, severe neuroforaminal narrowing at L5-S1, myofascial pain/spasms, chronic neck and cervical spondylosis with headaches, poor sleep hygiene, gastritis with COX-1 NSAIDs, left knee pain, shoulder pain, complaining of referred pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**transforaminal epidural injection at L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Postsurgical Treatment Guidelines.

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

**Decision rationale:** The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding

ESI's, under its chronic pain section: Page 46, 47 The Physician Reviewer's decision rationale: This patient presents with chronic low back with radiating symptoms down both lower extremities, worse on his right side. The treating physician has asked for repeat transforaminal epidural steroid injection. Review of the reports show that the patient had last epidural steroid injection on 01/04/2013. MRI of the lumbar spine had demonstrated 50% loss of height, compression fracture at S1, severe right and mild left L5-S1 neuroforaminal stenosis due to disk height loss and there was a posterior disk protrusion at L5-S1 as well. Following the injection on 01/04/2013, report from 01/10/2013 which would be 6 days after the injection, the patient reported 70% reduction of pain, but the pain was slowly returning. However, patient reported pain level at 7/10, mood at 9/10, and functional level at 7/10. When reviewing the treating physician's other reports, these numbers have not changed much at all. Furthermore, 03/19/2013 report by [REDACTED] which would be 2½ months following the injection, the treater documents "denies radicular symptoms" on one part of the paragraph, but on another part of the paragraph he states "intermittent radicular symptoms" going down posterior leg and that Norco was no longer effective. Pain level was at 7/10 to 8/10, mood at 7/10 to 8/10, and functional level at 7/10 to 8/10.

**Celebrex 200mg BID #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Pain Chapter 6, page 54: 3. Recommendation: NSAIDs for Patients at Risk for (GI) Gastrointestinal Adverse Effects

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** This patient presents with chronic neck, low back with upper and lower extremity radiating symptoms. The treating physician has been prescribing Celebrex along with other medications. Treating physician documents that the medication is helpful and that he is addressing 4 A's on each visit. MTUS Guidelines supports use of anti-inflammatory medications per page 22 where it states, "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs in chronic low back pain and of antidepressants in chronic low back pain." Recommendation is authorization as MTUS supports use of NSAIDs for chronic low back pain.

**Nucynta IR 75mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** Despite review of treating physician report from 01/10/2013 to 08/09/2013, I was not able to see that the patient has had any significant improvement of pain, function with

use of Nucynta. For example, [REDACTED] documents pain levels at 7/10 to 8/10 on each of the reports, functional level that ranges from 7/10 to 8/10 on each visit without much change. On 05/10/2013, he reported functional level that range from 5/10 to 8/10 and states, "Nucynta ER and IR are used for pain control", but does not explain whether or not this pain control is working. He was asking for repeat transforaminal lumbar epidural steroid injection, and judging by this request, the patient is continuing to experience persistent pain. On 04/17/2013, despite use of Nucynta, the patient is noted with "pain that limits his daily activities." It does not appear that use of Nucynta has been instrumental in improving this patient's functional level.

**trial of Nuvigil 150mg 1 po daily: 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).

**Decision rationale:** Despite review of [REDACTED] report from 01/10/2013 to 08/09/2013, I was not able to see any documentation for need of Nuvigil for this patient. I am assuming that this medication is prescribed to combat the patient's drowsiness perhaps due to the patient's multi-medication regimen. ODG Guidelines for Provigil states "not recommended solely to counteract sedation effects of narcotics." Recommendation is for denial.

**trial of Lunesta 2mg, 1 po qhs: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**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, Insomnia, Lunesta.

**Decision rationale:** This patient presents with chronic pain in neck and low back with compression fractures at the S1 and L5. The treater has prescribed Lunesta indicating the patient struggles with insomnia. While MTUS and ACOEM Guidelines do not address Lunesta, ODG Guidelines does support non-benzodiazepine sedative hypnotics such as Lunesta as first-line medication for insomnia. It specifically states, "Lunesta has demonstrated reduced sleep latency and sleep maintenance, the only benzodiazepine receptor agonist FDA-approved for use longer than 35 days." Recommendation for authorization.

**trial on Fentanyl patch 12mcg, 1 patch q 3 days p.m.: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl or Duragesic patches Page(s): 76-80.

**Decision rationale:** This patient presents with chronic neck, upper extremity, low back, and lower extremity pains. The patient has been on Nucynta as well as Norco in the past without much efficacy. The treating physician provides adequate discussion regarding the 4 A's; urine drug screens have been obtained. The treater would like to trial Fentanyl patch which is reasonable and consistent with MTUS Guidelines given the patient's chronic pain from compression fractures and injury to the neck. MTUS, page 76 to 78, discuss therapeutic trial of opioids and discusses treatment plan. Recommendation for authorization.

**trial Methadone 5mg, 1 po daily q 12 hrs #60, if Fentanyl patch:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use, Opioids, long-term assessment, Criteria For Use of Opioids Page(s): 88-89.

**Decision rationale:** This patient presents with chronic neck, upper extremity, low back, and lower extremity pains. The patient has been on Nucynta as well as Norco in the past without much efficacy. The treating physician provides adequate discussion regarding the 4 A's, urine drug screens have been obtained. The treater would like to trial Methadone which is reasonable and consistent with MTUS Guidelines given the patient's chronic pain from compression fractures and injury to the neck. MTUS, page 76 to 78, discuss therapeutic trial of opioids and discusses treatment plan. Recommendation for authorization.