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| <b>Case Number:</b>   | CM13-0034523 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 10/01/2004 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 09/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/15/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 is a male patient with a date of injury of 10/1/04. A utilization review determination dated 9/6/13 recommends non-certification of medial branch block T6-7 and T7-8, interthoracic ESI T7-8, Vicoprofen, Lidoderm, and Ambien. A progress report dated 10/2/13 identifies subjective complaints including neck pain that radiates into the shoulder and arms with muscle spasm and neuropathic pain in the legs and feet. There is mid back pain radiating to the front of the chest when he takes a deep breath or leans forward. He has been stable on Vicoprofen for several years. He trialed Vicodin, which was not as effective as the current dose of Vicoprofen, which allows him to work a regular schedule without missing. UA has been consistent and he has a signed medication agreement. No adverse effects are reported. He works every other day doing maintenance, which requires climbing ladders, crawling under desks, and sometimes carrying equipment. He is tolerating the job without restrictions. Objective examination findings identify increased pain with forward flexion and backward flexion through the lumbar and thoracic spine with reproducible radicular pain to the T8 distribution. Diagnoses include T7-8 DDD with osteophyte with cord effacement; L3-4, L4-5, and L5-S1 DDD with spondylosis; cervical DDD; sleep disturbed; short acting opiate; high function. Treatment plan recommends ESI at T7-8 which is concordant with his radicular pain and physical exam. MRI finding on 5/10/13 is said to show cord effacement; refill Vicoprofen; Ambien CR; Lyrica; Lidoderm is an adjunct which allows no escalation of the Vicoprofen. 8/7/13 medical report is somewhat illegible. It notes that patient reports pain from the low back to the top of the head. Low back pain is the worst. "F/F head causes [up arrow] pain at [illegible] back radiates to chest at level of T7-8." Treatment plan was mostly illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical branch block at levels T6-7, T7-8: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Thoracic and Lumbar) Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections).

**Decision rationale:** Regarding the request for medial branch block at levels T6-7 and T7-8, California MTUS does not specifically address medial branch blocks. ODG does support their use for the diagnosis of facet-mediated pain in patients with non-radicular back pain at no more than 2 levels bilaterally after failure of conservative treatment. Within the documentation available for review, there is no clear documentation suggestive of facet-mediated pain. The patient's thoracic pain is noted to radiate to the chest and there is no positive facet loading, tenderness, etc. In the absence of such documentation, the currently requested medial branch block at levels T6-7 and T7-8 is not medically necessary.

**Intrathoracic ESI @ T7-8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for intrathoracic epidural steroid injection (ESI) at T7-8 level, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is documentation of mid back pain radiating to the front of the chest when he takes a deep breath or leans forward, which is consistent with radiculopathy, and one would not expect to find any physical examination findings of radiculopathy for a thoracic radiculopathy. However, imaging corroboration is recommended by the CA MTUS and there is no MRI report included for review. The provider notes that an MRI shows cord effacement, but without more specific documentation regarding the location and size of the herniation, degree of stenosis, etc., the notation of cord effacement does not necessarily corroborate radiculopathy. In light of the above issues, the currently requested intrathoracic epidural steroid injection (ESI) at T7-8 level is not medically necessary.

**Vicoprofen 7.5/200mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127.

**Decision rationale:** Regarding the request for Vicoprofen, CA MTUS notes that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review subsequent to the previous utilization review, there is now documentation that the patient has been stable on Vicoprofen for several years. He trialed Vicodin, which was not as effective as the current dose of Vicoprofen, which allows him to work a regular schedule without missing. UA has been consistent and he has a signed medication agreement. No adverse effects are reported. He works every other day doing maintenance, which requires climbing ladders, crawling under desks, and sometimes carrying equipment. He is tolerating the job without restrictions. Therefore, it appears that the patient is benefitting from the use of this medication and is being appropriately monitored by the provider, although routine reevaluation will continue to be an important consideration. In light of the above, the currently requested Vicoprofen is medically necessary.

**Lidoderm Patches#30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** Regarding the request for Lidoderm, CA MTUS cites that it is recommended for localized peripheral pain after evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.

**Ambien CR 2.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, STRESS & MENTAL ILLNESS CHAPTER: ZOLPIDEM.

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

**Decision rationale:** Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.