

<b>Case Number:</b>	CM13-0044814		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 & Rehabilitation 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:

The injured worker is a 46-year-old male who reported an injury on December 21, 2011. Within the documentation submitted for review, the mechanism of injury was noted as a fall. A chest x-ray with anterior/posterior (AP) and lateral view dated May 24, 2013 was included with the documentation submitted for review and noted impression of healed left lateral rib fractures and no significant cardiopulmonary disease. Documented on the clinical note dated September 24, 2013, the injured worker complained of severe escalation of his low back pain axially radiating in mid back area, rated the pain 7/10 to 8/10, and complained of left-sided chest pain. The physical examination noted increased lumbar lordosis, range of motion of the lumbar spine and right shoulder were restricted and passive range of motion above active range of motion of the right shoulder was painful. The physical examination also revealed paravertebral muscle spasm and localized tenderness in lumbar facet joint area at L3-4, L4-5 and L5-S1. In addition, hyperextension maneuver of the lumbar spine was positive, bilateral sitting straight leg raises were 50 degrees to 60 degrees. Manual motor strength was 5/5. The examination also noted nondermatomal diminished sensation to light touch in the right leg and the right shoulder impingement test was positive. The injured worker's diagnoses included lumbar disc protrusion at L2-3 and disc bulge at L4-5 with foraminal narrowing. The diagnoses also included lumbar facet hypertrophy at L3-4 and L4-5, status post traumatic left hemothorax, left-sided 5th, 6th, and 7th rib healed fractures, left-sided 5th, 6th, and 7th rib intercostal neuralgia and right shoulder rotator cuff syndrome. Additionally, the diagnoses included chronic myofascial pain syndrome and depression. Previous treatments included physical therapy, home exercise program, right shoulder injection (x3) and lumbar epidural steroid injection (x2). The documentation provided noted the medications as Polar Frost, naproxen 550mg, Zanaflex 4mg, Neurontin 600mg, Prilosec 20mg, and docusate sodium 100mg. The provider request was for naproxen, Polar Frost

cold treatment, Zanaflex, Prilosec, docusate sodium, chest x-ray anterior/posterior (AP) and lateral view, left 5th, 6th, and 7th intercostal injection and bilateral L3-4 medial branch blocks. The Request for Authorization Form was not included within the documentation submitted for review. The rationale for Polar Frost cold treatment was noted as to replace the lidocaine patch for pain. The rationale for Zanaflex was noted for muscle spasm. The rationale for Prilosec was noted for stomach upset and heartburn. The rationale for docusate sodium was noted for constipation. The rationale for the bilateral L3-4 medial branch block was noted for pain relief. The rationale for naproxen, chest x-ray AP and lateral view, and left 5th, 6th, and 7th intercostal injection were not noted within the documentation submitted for review.

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

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

**Naproxen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for naproxen is not medically necessary. The injured worker has a history of low back pain axially radiating in the mid back area. The documentation submitted indicated continued use of naproxen. The California MTUS state non-steroidal anti-inflammatory drugs (NSAIDs), used for acute exacerbations of chronic back pain, are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain (LBP). For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with non-steroidal anti-inflammatory drugs (NSAIDs) vs. placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low-back pain and that acetaminophen had fewer side effects. There is a lack of documentation to indicate that acetaminophen failed to provide symptomatic relief for the injured worker's exacerbations of chronic back pain or that naproxen was to be used as a second-line treatment after acetaminophen. In addition, there is a lack of documentation to indicate naproxen has proven sufficient symptomatic relief to warrant continued usage. The request also did not provide the dosage and frequency of the medication to be given. Based on the above noted, the request is not medically necessary.

**Polar Frost Cold Treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Polar Frost cold treatment is not medically necessary. The injured worker has a history of low back pain axially radiating in the mid back area. The California MTUS Guidelines state that for topical analgesics, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be used for the specific therapeutic goal required. Polar Frost contains the following ingredients to include aqua, alcohol, menthol, carbomer, triethanolamine, propylene glycol, aloe barbadensis extract, silica, methylparaben, and propylparaben. There are no randomized controlled trials (RCT) or scientific evidence to indicate the use of the above listed ingredients as a topical analgesic provided substantial symptomatic relief for localized peripheral pain over currently approved products such as lidocaine. The request also did not provide the dosage, frequency or site of the medication to be applied. Based on the above noted, the request is not medically necessary.

**Zanaflex:** Upheld

**Claims Administrator guideline:** The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The request for Zanaflex is not medically necessary. The injured worker has a history of chronic low back pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation submitted indicated long-term use of tizanidine (Zanaflex) as with the guideline recommendations that muscle relaxants are to be used with caution as a second-line option for short-term treatment, there is a lack of documentation to indicate continual usage provided symptomatic relief and improved functional capacity. In addition, there is a lack of documentation to indicate that the initial positive factor of the medication has not diminished over time with the continual usage. The request also did not provide the dosage and frequency of the medication to be given. Based on the above noted, the request is not medically necessary.

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec is not medically necessary. The injured worker has a history of chronic low back pain and continual use of medication for treatment. The California

MTUS Guidelines state patients at risk for gastrointestinal (GI) events include those that are over the age of 65, have a history of peptic ulcer, GI bleeding or perforation, concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant or patients that are on a high dose/multiple NSAID. The guidelines further recommend that patients at an intermediate risk for GI events and no cardiovascular disease a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20mg omeprazole daily) or misoprostol (200 g four times daily) or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. There is a lack of documentation to indicate that the injured worker has a history of peptic ulcer, GI bleeding or perforation. In addition, there is a lack of documentation to suggest the listed medications included concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant. Nor did the documentation list a high dose or multiple nonsteroidal anti-inflammatory drugs (NSAIDs) to be used. As with the guideline recommendations that long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture, the documentation indicated long-term usage of Prilosec. In addition, the request did not provide the dosage or frequency of the medication to be given. Overall, there is a lack of documentation to indicate that the injured worker was a high risk for gastrointestinal (GI) events or that discontinuation of Prilosec was the intended goal. Based on the above noted, the request is not medically necessary.

**Docusate Sodium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-induced Constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** The request for docusate sodium is not medically necessary. The injured worker has a history of chronic low back pain and continual usage of medication for treatment. The California MTUS Guidelines state that when starting initial therapy of opiates used to treat chronic pain, prophylactic treatment of constipation should be initiated. There is a lack of documentation to indicate that an initial trial of opioid use was the intended goal, thus a prophylactic treatment of constipation would not be warranted. There is also a lack of documentation to indicate the injured worker has had complaints of constipation secondary to continual medication usage. There is a lack of documentation to indicate any prior complaints of constipation were not alleviated by incorporating nonmedical treatment, such as increased fluid intake or increased activity. In addition, the request did not provide the dosage or frequency of the medication to be given. Based on the above noted, the request is not medically necessary.

**Chest x-ray AP and Lateral view:** 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) Pulmonary, X-Ray.

**Decision rationale:** Chest x-ray AP and Lateral view

**Left 5th, 6th, and 7th Intercostal Injections:** 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 Fraifeld, E. M. (2013). Intercostal Nerve Blocks. In Comprehensive Treatment of Chronic Pain by Medical, Interventional, and Integrative Approaches (pp. 381-391). Springer New York.

**Decision rationale:** The request for left 5th, 6th, and 7th intercostal injection is non-certified. The injured worker has a history of chronic low back pain and complaints of left-sided chest pain. In addition, a chest x-ray with anterior/posterior (AP) and lateral view dated May 24, 2013 was included with the documentation submitted for review and noted impression of healed left lateral rib fractures and no significant cardiopulmonary disease. In an article authored by Eduardo M. Fraifeld MD it was noted that Intercostal nerve blocks (INB) are relatively simple to perform and can provide excellent analgesia or anesthesia to the human torso. They provide relatively well-defined anatomical coverage, making them both an excellent diagnostic tool and a reliable therapeutic procedure. In addition, they are among the simplest of peripheral nerve blocks performed with a relatively low incidence of complications. INBs have been shown to be useful for a variety of anesthetic and analgesic uses in the distribution of the torso. Among these are post-rib fracture pain and intercostal neuralgia. The injured worker has complaints of left-sided chest pain, which is on the same side as healed rib fractures, no other signs or symptoms of pulmonary disease or infection; INB would be warranted based on the findings as stated in the article. However, there is a lack of documentation to indicate that the current medicine regimen was not providing sufficient chest pain relief and improving functional capacity. In addition, the article did not provide a recommendation of more than one INB to be administered at the same time. Based on the above noted, the request is not medically necessary.

**Bilateral L3-L4 Medial Branch Blocks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch blocks (therapeutic injections).

**Decision rationale:** The request for bilateral L3-4 medial branch blocks is not medically necessary. The injured worker has a history of chronic low back pain and has received 2 lumbar epidural steroid injections, which were beneficial. CA MTUS/ACOEM state that invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines (ODG) state therapeutic facet joint medial branch blocks are not recommended, except as a diagnostic tool due to minimal evidence for treatment. The guidelines further state the criteria for the use of diagnostic blocks for facet mediated pain include documentation of failure of conservative care (including home exercise, physical therapy, and nonsteroidal anti-inflammatory drugs) prior to the procedure for at least 4 to 6 weeks. The documentation submitted noted previous treatments included physical therapy and home exercise program. However, there is a lack of documentation to indicate the number of sessions attended and failure of physical therapy to improve functional capacity. There is a lack of documentation to indicate functional deficits are not relieved by nonsteroidal anti-inflammatory drugs. Overall, there is a lack of documentation to indicate the failure of

conservative care. In addition, there is a lack of documentation to indicate the injured workers complaints were a result of facet-mediated pain and thus a medial branch block would not be warranted. Based on the above noted, the request is not medically necessary.