

Case Number:	CM13-0048044		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2010
Decision Date:	05/16/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 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 patient is a 54 year old female injured worker with date of injury 9/17/10 with related neck pain radiating to the bilateral upper extremities left worse than right along with bilateral wrist pain and lower back pain radiating into the right lower extremity and bilateral knee and ankle pain. MRI of the cervical spine dated 12/29/11 revealed 1-2mm posterior disc bulges at C3 to C6 without evidence of canal stenosis or neural foraminal narrowing. Moderate to severe right neural foraminal narrowing secondary to 1-2mm posterior disc bulge and uncovertebral osteophytes at C6-C7. Non-specific straightening of normal cervical lordosis. Per the 9/17/13 report, physical exam findings were: There is slight limited range of motion of the cervical spine in all directions, secondary to increased pain, tightness, and stiffness. The patient has tenderness over the occipital nerves bilaterally. She has significant tenderness over the cervical spinous processes and interspaces from C3 to C7. She has tenderness over the cervical facet joints from C3 to C7 bilaterally with positive provocation test. She has minimal tightness, tenderness, and trigger points with spasms in the cervical paravertebral, trapezius, levator scapulae, supraspinatus and infraspinatus muscles bilaterally. Upper extremity reflexes were present at both triceps and present at both elbows. Sensory exam was grossly intact to touch. Hand grip strength was 5/5 bilaterally. The date of UR decision was 10/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT CERVICAL EPIDURAL STEROID INJECTION AT C6-7 TIMES 1: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The previously performed cervical epidural steroid injection performed May 2012 was reported to deliver an 80 to 90% neck pain decrease, with reported good response through follow up appointment in July 2012. MRI findings present evidence of neural foraminal stenosis. The Vicodin prescribed was PRN, not scheduled, so it is not clear that its use was not reduced following the initial ESI. MTUS guideline criteria for repeat ESI does not require for the injured worker to have cervical radiculopathy, just relief of symptoms appropriate to meet criteria, and relief of radicular pain is meaningful. The request for a repeat cervical epidural steroid injection at C6-7 is medically necessary appropriate.

REFILL FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 64.

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

Decision rationale: With regard to muscle relaxants, the MTUS guidelines states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic 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 NSAIDs in pain and overall improvement." Regarding Flexeril: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for

chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Based on the medical records provided for review the claimant is not being treated for an acute exacerbation of chronic back pain, additionally, the physical examination did not document findings of acute muscle spasticity. Furthermore, the injured worker has been taking Flexeril since 8/2012, and it is only recommended for short-term treatment. The request for a refill of Flexeril is not medically necessary and appropriate.

KETOPROFEN/GABAPENTIN/LIDOCAINE RUB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60,111-112.

Decision rationale: With regard to topical Ketoprofen, the MTUS Chronic Pain Medical Treatment Guidelines states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." MTUS guidelines with regard to topical Gabapentin state, "Not recommended. There is no peer-reviewed literature to support use." With regard to Lidocaine MTUS guidelines states "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)". The injured worker has not been diagnosed with post-herpetic neuralgia. Lidocaine is not indicated. Regarding the use of multiple medications, MTUS guidelines states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Lastly, MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Ketoprofen/Gabapentin/Lidocaine rub is not medically necessary and appropriate.

REFILL TRAMADOL/BACLOFEN RUB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: With regard to topical Baclofen, the MTUS Chronic Pain Medical Treatment Guidelines states: "Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical Baclofen." The MTUS is silent on the use of tramadol topically. However, MTUS guidelines note that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS guidelines states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The request for refill of Tramadol/Baclofen rub is not medically necessary and appropriate.