

<b>Case Number:</b>	CM13-0060634		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/30/2002
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 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 case involves a 64 year-old female, with a 10/30/2002 industrial injury claim. She has been diagnosed with failed back surgery syndrome, lumbar; lumbar post laminectomy syndrome; status post fusion, lumbar stenosis; gastritis, medication related dyspepsia; chronic pain and failed spinal cord stimulator (SCS) trial. According to the 11/11/13 pain management report from [REDACTED], the patient presents with neck pain that radiates to the upper extremities bilaterally and low back pain that radiates to both lower extremities. It apparently involves the entire lower extremity as the physician states it is L4-S1 dermatomes. An MRI from 10/29/13 was reported to be negative for foraminal stenosis. On 11/19/13, the Utilization Review (UR) recommended against bilateral L3/4 transforaminal epidural steroid injection (TFESI); use of pantoprazole; use of Exoten-C lotion; and use of Hydrocodone/APAP 10/500mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BILATERAL L3-L4 TRANSFORAMINAL EPIDURAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 49. Decision based on Non-MTUS Citation American Academy of Neurology

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

**Decision rationale:** The patient is reported to have neck and back pain radiating down all extremities. The 11/11/13 evaluation reports bilateral decreased sensation L4-S1 in both legs. The MRI dated 10/29/13 did not show any foraminal stenosis in the lumbar region. The L3 nerve exits through the L3/4 foramina, and there are no physical exam findings of L3 radiculopathy and no MRI findings to corroborate radiculopathy. The Chronic Pain Guidelines indicate that epidural steroid injections (ESIs) are an option "for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The guidelines indicate that the criteria for ESI states that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not show radiculopathy or radicular symptoms in the L3 distribution. The request is not in accordance with MTUS guidelines.

**PRESCRIPTION OF PANTOPRAZOLE 20MG #30, TAKE ONE (1) TABLET BY MOUTH TWICE A DAY QTY: 60.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG drug formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/protonix.html>

**Decision rationale:** The patient presented with neck, back and extremity pain. She has a history of gastritis, but is not reported to currently have gastritis or gastroesophageal reflux disease (GERD). The physician has the patient using Pantoprazole, which he states was to limit gastrointestinal (GI) adverse effects related to medications including non-steroidal anti-inflammatory drugs (NSAIDs). However, the patient is not currently reported to be taking NSAIDs. The Chronic Pain Guidelines allow use of a proton pump inhibitor (PPI) for prophylactic use when NSAIDs are necessary in patients at risk for GI events. The patient may or may not be at risk for GI events, but is not using an NSAID and does not meet the guideline criteria for use of a PPI on a prophylactic basis. There is no current reporting of GERD with erosive esophagitis, and the patient does not meet the FDA boxed-label indication for Protonix.

**PRESCRIPTION OF EXOTEN C LOTION 120ML #120, APPLY TWO TO THREE (2-3) TIMES DAILY QTY: 120.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119. Decision based on Non-MTUS Citation ODG/Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical Salicylate Page(s): 111-113; 105.

**Decision rationale:** The patient presented with neck, back and extremity pain. Exoten-C lotion is composed of 20% methyl salicylate, 10% Menthol, and 0.002% Capsaicin. The Chronic Pain Guidelines indicates that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines also indicate that topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The guidelines indicate that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." The available records show that the patient has failed conservative attempts at pain control and even failed the spinal cord stimulator. Capsaicin would be an option for this patient, and the guidelines support for methyl salicylate and menthol. The use of Exoten-C lotion appears in accordance with MTUS guidelines for this case.

**PRESCRIPTION OF HYDROCODONE BIT/APAP 10/500MG #30, TAKE ONE (1) TABLET BY MOUTH EVERY SIX (6) HOURS, AS NEEDED FOR PAIN QTY: 120.00:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88; 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

**Decision rationale:** The patient presented with neck, back and extremity pain. The Chronic Pain Guidelines indicate that the criteria for the long-term use of opioids indicates that "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The guidelines also indicate, "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." According to the 11/11/13 report from [REDACTED], the patient has 10/10 pain without medications and 8/10 with medication. According to guidelines, this is a satisfactory response. The guidelines indicate that "Pain is subjective. It cannot be readily validated or objectively measured. Furthermore subjective reports of pain severity may not correlate well with its functional impact. Thus, it is essential to understand the extent that function is impeded by pain." The hydrocodone is providing a satisfactory response, and the guidelines do not require weaning or discontinuing medication that is providing a satisfactory response.