

<b>Case Number:</b>	CM14-0112290		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 and is licensed to practice in Texas and Ohio. 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 female who reported an injury on 01/27/2000. The mechanism of injury was not provided. The medication history included oxycodone, Kadian, Flexeril, Colace, Trileptal, Lidoderm and Flector patches. Prior treatments included medications, H-Wave, physical therapy, aquatic therapy, an epidural steroid injection, as well as a pro disc replacement at L4-5 and L5-S1 on 04/15/2004. The injured worker under EMG/NCV. The injured worker had other surgeries that were noncontributory. The injured worker underwent urine drug screens. The documentation of 06/05/2014 revealed the injured worker had a chief complaint of right greater than left low back pain to the left lower extremity and groin. The injured worker indicated she had left lower extremity weakness and knee pain. The injured worker had left greater than right lower extremity symptoms with tingling to the touch and sometimes cramping. The physical examination revealed the injured worker had tenderness to palpation over the lumbar spine and left knee. The injured worker had trigger points in the left cervical paraspinals, trapezius and rhomboids. The injured worker had decreased range of motion of the lumbar spine. The injured worker had dysesthesia bilaterally in the lower extremities. The injured worker had tenderness to palpation throughout the lumbar paraspinals along the midline and tenderness to light palpation throughout the right lower extremity. The motor strength was 4/5 in the left soleus, quadriceps, tibialis anterior, peroneals, tibialis posterior and EHL. The injured worker indicated there was numbness to the bilateral thighs. Deep tendon reflexes were 1+ and symmetrical. The examination of the right shoulder revealed tenderness to palpation, decreased range of motion in all planes, abduction to 70 degrees and flexion to 60 degrees. The injured worker had a positive impingement and Hawkins test. The injured worker had a positive straight leg raise on the left hand side. The injured worker had a positive McMurray's on the left medial compartment and tenderness along the left medial collateral

ligament with mild effusion. The injured worker had tenderness to palpation in the right wrist flexor tendons. The diagnoses included chronic pain, complex regional pain syndrome, post laminectomy syndrome in the lumbar region, chronic pain syndrome, lumbar radiculitis, lumbago, pain in soft tissues of limb, lumbar spondylosis, left knee internal derangement, depression, anxiety, insomnia, and subacromial bursitis. The treatment plan included the injured worker would like to reduce medications due to being afraid of medications being not authorized and the injured worker would be left undergoing withdrawal. The injured worker had side effects including constipation. The treatment plan included a trial of medical marijuana to decrease anxiety and improve pain relief, and the physician opined it would likely help with constipation. The documentation indicated the injured worker was encouraged to seek a physician to get a medical prescription for medical marijuana, rather than waiting for approval. The physician documented he would expect to see this in the urine drug test, and this would be acceptable. The other medications included oxycodone 5 mg 4 times a day #120, Kadian 10 mg daily #30, Flexeril 10 mg twice a day #60 for spasms, Colace 100 mg twice a day #60 for constipation, trileptal 150 mg every day #30 for neuropathic pain, Lidoderm patches every 12 hours #60 for superficial pain, Flector patch every 12 hours #30 for superficial pain, Idrasil 25 mg 1 to 2 tablets every 4 hours as needed for pain and to decrease opioid requirement. Additionally, the treatment plan included a urine toxicology screen, and a continuation of home exercises. The request was made for a left sided T12 through L2 transforaminal epidural steroid injection to alleviate radiating groin pain. The documentation indicated the injured worker previously had epidurals with 30% relief. The injured worker was noted to have not had a left sided T12 through L2 epidural, which was targeted to improve groin pain. The treatment plan included trigger point injections to the left cervical paraspinal trapezius and rhomboids to decrease pain and improve function, and a right subacromial bursa injection for bursitis status post fall due to the original injury. There was a detailed DWC form RFA submitted requesting the treatments.

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

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

**Urinary drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, page 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had previously undergone urine drug screens. There was a lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. Given the above, the request for urinary drug screen is not medically necessary.

**Thoraco- lumbar ESI (epidural steroid injection):** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there are documented objective findings of radiculopathy upon physical examination that are corroborated by EMG/NCV findings or MRI. There should be documentation of a failure of conservative treatment including physical therapy, NSAIDs and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had previously undergone an epidural steroid injection. It was not at the requested level and laterality per the physician documentation. The request as submitted failed to indicate the level and laterality for the requested injection. There were no MRI or EMG results submitted for review to corroborate findings of radiculopathy. There was a lack of documentation indicating a failure of conservative therapy including physical therapy and medications, including NSAIDs and muscle relaxants. The injured worker was noted to be concurrently taking muscle relaxants. Given the above, the request for thoracolumbar ESI (epidural steroid injection) is not medically necessary.

**Right shoulder injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The ACOEM Guidelines indicated that corticosteroid injections into the subacromial bursa are appropriate for the treatment of impingement syndrome. The clinical documentation submitted for review indicated the injured worker had a positive Hawkins and impingement test. This request would be supported. However, the request as submitted failed to indicate the specific type of injection being requested and the quantity of injections as specified in the physician documentation. Given the above, the request for right shoulder injection is not medically necessary.

**Trigger point injections (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, page 121, 122 Page(s): 121, 122.

**Decision rationale:** The California MTUS Guidelines recommend trigger point injections for myofascial pain syndrome, and they are not recommended for radicular pain. The criteria for the

use of trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There should be documentation the symptoms have persisted for more than 3 months. There should be documentation that medical management therapies, such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain. There should be documentation that radiculopathy is not present by examination, imaging, or neuro testing. The clinical documentation submitted for review indicated the injured worker had positive findings of circumscribed trigger points. However, there was a lack of documentation indicating a twitch response and referred pain upon palpation. There was a lack of documentation indicating the injured worker had failed treatment with physical therapy, NSAIDs and muscle relaxants. Additionally, the request as submitted failed to indicate the quantity and the placement for the trigger point injections. Given the above, the request for trigger point injections quantity unknown is not medically necessary.

**Flexeril (dosage and quantity unknown): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Muscle Relaxants, page 47.

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time and there was a lack of documentation of functional improvement. The request as submitted failed to indicate the frequency, quantity and dosage. Given the above, the request for Flexeril dosage and quantity unknown is not medically necessary.

**Lidoderm Patch (dosage and quantity unknown): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, page 56, 57 Page(s): 56, 57.

**Decision rationale:** The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine

(whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation indicated the injured worker had been utilizing the medication. However, there was a lack of documentation indicating the objective functional benefit and an objective decrease in pain that was received from the medication. The request as submitted failed to indicate the dosage, frequency and quantity for the lidoderm patches. Given the above, the request for lidoderm patch dosage and quantity unknown is not medically necessary.

**Flector Patch (dosage and quantity unknown): Upheld**

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

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

**Decision rationale:** The California MTUS guidelines 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDS are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker had been utilizing Flector patches. There was a lack of documentation indicating objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency, dosage quantity for the requested medication. Given the above, the request for Flector patch dosage and quantity unknown is not medically necessary.

**Idrasil (dosage and quantity unknown): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids, page 28 Page(s): page 28.

**Decision rationale:** The California MTUS Guidelines do not recommend cannabinoids for the treatment of chronic pain. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency, quantity and dosage being requested. Given the above, the request for Idrasil dosage and quantity unknown is not medically necessary.