

<b>Case Number:</b>	CM14-0115970		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/02/2014
<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 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 69-year-old male who reported an injury on 05/22/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of L3-4, L4-5 spondylolisthesis with stenosis, bilateral knee internal derangement with meniscus tear and Chondromalacia and status post left middle finger trigger release. Physical medical treatment consists of epidural steroid injections, physical therapy, and medication therapy. Medications include Gabapentin, Naprosyn, compound analgesia cream, Tizanidine, and Omeprazole. On 11/08/2012, the injured worker underwent an MRI of the lumbar spine which revealed mild to moderate facet joint arthropathy at L3-4 with a 2 mm to 3 mm degenerative anterolisthesis of L3 on L4 and mild disc degeneration. There was severe bilateral facet joint arthropathy at L4-5 with a 4 mm degenerative anterolisthesis. A 3 mm broad based posterior disc protrusion that contributed to moderate to severe bilateral L4-5 recess stenosis and moderate to severe spinal canal stenosis. On 07/17/2014, the injured worker complained of bilateral knee and low back pain. Physical examination revealed that the injured worker had medial and lateral joint line tenderness to the knees bilaterally. There was crepitus with range of motion of the knees bilaterally. Examination also revealed decreased range of motion of the lumbar spine with positive straight leg raise to the bilateral lower extremities. The report lacked any evidence of range of motion, motor strength, or sensory deficits. The treatment plan is for the injured worker to undergo additional lumbar epidural steroid injections, have use of a motorized cold therapy unit, and continue medications. The rationale/request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection QTY: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45, 46.

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

**Decision rationale:** The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI are: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical notes lacked any evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination. There was also a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. Furthermore, the request did not indicate the use of fluoroscopy for guidance in the request. Additionally, the request as submitted did not specify the level of the lumbar spine the injured worker would be receiving the ESI. As such, the request for two (2) lumbar epidural steroid injections is not medically necessary.

**Motorized cold therapy unit, purchase: 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 - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, continuous flow cryotherapy

**Decision rationale:** The Official Disability Guidelines recommend continuous flow cryotherapy as an option after surgery for up to 7 days, including home use. The request for 1 motorized cold therapy unit (continuous flow cryotherapy) exceeds the recommendations of the guidelines. The medical documents provided did not indicate a medical need for the use of a motorized cold therapy unit that would fall within the guideline limitations such as surgery. As such, the request is not medically necessary.

**Gabapentin 300MG QTY: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-19, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

**Decision rationale:** The California MTUS Guidelines note that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The submitted reports did not indicate any evidence of muscle weakness or numbness which would indicate neuropathy. Furthermore, it did not appear that the injured worker had diagnoses which would be congruent with the guideline recommendations. Additionally, the request as submitted did not indicate a frequency or duration for the medication. As such, the request for Gabapentin 300 mg is not medically necessary.

**Naprosyn 550mg QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 73.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend anti-inflammatories as a traditional first line treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The comprehensive review of clinical trials on the efficacy and safety of drugs for treatment of low back pain concludes that available evidence supports the efficacy of nonselective non-steroidal anti-inflammatory drugs in chronic low back pain. The report submitted revealed lack of updated documentation on the functionality of Naprosyn's effectiveness. There was no evidence reporting the injured worker's measurable pain prior to the medication and pain rate after. The documentation also lacked any evidence of whether the Naprosyn helped the injured worker's functional deficits. Furthermore, the submitted report lacked any evidence of range of motion, motor strength, and/or sensory deficits the injured worker may have had. Additionally, guidelines recommend anti-inflammatories for first line treatment, but do not recommend for long-term. The submitted reports did not indicate as to how long, and when the injured worker started taking the Naprosyn. Furthermore, the request as submitted did not indicate a frequency or duration for the medication. As such, the request for Naprosyn 550 mg is not medically necessary.

**Compound analgesic cream QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105.

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

**Decision rationale:** The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, localized anesthetics, antidepressants, glutamate receptor antagonists, an adrenergic receptor agonist, cannabinoids, cholinergic receptor agonists, and biogenic amines). As the guidelines do not recommend the use of topical analgesics, the medication would not be indicated. Additionally, it is unclear whether the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical analgesics. Furthermore, the request as submitted did not indicate where the compounded analgesic would be applied. The request as submitted did not indicate a dose, frequency, or duration. As such, the request for compounded analgesic cream is not medically necessary.

**Tizanidine 1mg QTY: 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, NSAIDs Page(s): 66, 63, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

**Decision rationale:** The California MTUS Guidelines recommend Tizanidine as a non-sedating muscle relaxant with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The greatest effect of this medication class is within the first 4 days of treatment, suggesting that the shorter courses may be better. Treatments should be brief. The request for Tizanidine 1 mg with a quantity of 30 exceeds the guideline recommendations of short-term therapy. The provided medical records lacked documentation of significant objective functional improvement with the medication. The provider's rationale for the request was not provided within the documentation. Furthermore, the request as submitted did not indicate a frequency of the medication. As such, the request for Tizanidine 1 mg is not medically necessary.

**Omeprazole 20mg QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs, Prilosec (Omeprazole) Page(s): 68-69.

**Decision rationale:** The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked any evidence of as to how long the injured worker had been taking the Naprosyn. Furthermore, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of the Naprosyn, or cardiovascular disease. In the absence of the documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted failed to indicate duration or a frequency. As such, the request for Omeprazole 20 mg is not medically necessary.