

<b>Case Number:</b>	CM14-0125519		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Occupational 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 injured worker injured his low back on 06/06/02 when he slipped and fell on a concrete floor and a several hundred pound item fell on him. Lysis of epidural adhesions, lumbar epidurogram, cyclobenzaprine, and omeprazole are under review. He received a disability rating in 2013 and a disability rating clarification in 2014. On 01/23/14, GERD was documented as a diagnosis. His medications included acyclovir, cyclobenzaprine, fluoxetine, Gralise, methadone, omeprazole, sumatriptan, and tramadol. He reported no abdominal pain. Gastrointestinal exam was not done. On 03/03/14, he was taking the same medications. His history was unchanged. Epidurogram and transforaminal epidural steroid injection were recommended. On 04/25/14, he saw [REDACTED] and still had low back pain radiating to the left lower extremity and neck pain with headaches. He had limited range of motion of the low back and increased muscle tone in the paraspinal muscles. He had cervical pain at the mid spinous processes. There was limited motion and sensory deficit was noted in the lower extremity dermatomes bilaterally. He has post lumbar laminectomy syndrome and left wrist pain with chronic headaches and degenerative cervical disc disease. A functional capacity evaluation, epidural steroid injection with lysis of epidural adhesions and a referral to a neurologist for headaches were recommended. On 05/23/14, he saw [REDACTED] again and had the same pain. He had difficulty sleeping. He was taking several medications including omeprazole for GI prophylaxis. His medications included tramadol ER, Gralise, cyclobenzaprine, methadone, and Imitrex. His gait was antalgic and Achilles reflexes were absent. Patellar reflexes were intact. He had decreased sensation and positive left straight leg raise test. Lumbar ESIs at L4-5 and L5-S1 and lysis of adhesions were recommended. On 06/06/14, he still had low back pain. He requested the same medications be refilled. He was ambulatory without assistance and could sit comfortably on the exam table without difficulty or evidence of pain. He had ongoing low back and left lower extremity pain, neck pain, and

headaches. He was scheduled for a neurology consult. A functional restoration program had been denied. He reportedly found omeprazole to be helpful and he was able to tolerate his oral medications better. He reportedly has documented GI side effects related to the use of anti-inflammatories for chronic pain.

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

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

**Lysis of epidural adhesions:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Adhesiolysis.

**Decision rationale:** The ODG Guidelines state lysis of adhesions (adhesiolysis) is not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). Lysis of adhesions is carried out by catheter manipulation and/or injection of saline (hypertonic saline may provide the best results). Epidural injection of a local anesthetic and steroid is also performed. There is a large amount of variability in the technique used, and the technical ability of the physician appears to play a large role in the success of the procedure. In addition, research into the identification of the patient who is best served by this intervention remains largely uninvestigated. Adverse reactions include dural puncture, spinal cord compression, catheter shearing, infection, excessive spinal cord compression, hematoma, and bleeding. Duration of pain relief appears to range from 3-4 months. Given the limited evidence available for percutaneous epidural adhesiolysis it is recommended that this procedure be regarded as investigational at this time. As such, the request is not medically necessary.

**Lumbar Epidurogram:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, lumbar decompression.

**Decision rationale:** The history and documentation do not objectively support the request for a lumbar epidurogram. The ODG Guidelines recommend this procedure during minimally invasive decompression surgery and there is no evidence that this type of procedure is being recommended. Under these circumstances, the medical necessity of this request for a lumbar epidurogram has not been clearly demonstrated. As such, the request is not medically necessary.

**Cyclobenzaprine 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers - cyclobenzaprine Page(s): 74.

**Decision rationale:** MTUS Guidelines state cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Additionally, MTUS and ODG state 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. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to 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 medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. The medical documentation provided does not establish the need for long-term/chronic usage of cyclobenzaprine, which MTUS Guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the injured worker's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. As such, this request is not medically necessary.

**Omeprazole DR 20mg Qty: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

**Decision rationale:** PPIs are recommended for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. In this case, there is no clear documentation of an ongoing GI conditions or increased risk to support the use of this medication. The injured worker has a diagnosis of GERD/reflux related to his use of NSAIDs, but he is not currently using NSAIDs. Also, there is no current documentation of ongoing gastrointestinal symptoms or findings on examination that warrant the continuation of this medication. His pattern of use and the objective benefit to him of the continued use of omeprazole has not been described and the medical necessity of this request has not been clearly demonstrated.