

<b>Case Number:</b>	CM14-0136134		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/25/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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, 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:

The patient is a 58 year old female with an injury date of 02/25/05. The 07/18/14 report by ■■■ states the patient presents with pain in the posterior neck, left shoulder and lower back. The patient is working full time. Examination reveals for the cervical spine: improved tenderness and tightness in the bilateral "trapezii" with restricted flexion 30% of normal. The 04/21/14 operative report documents a cervical epidurogram at left C5-6. The 12/31/07 MR Spine Cervical with contrast presents the following impression, "Slightly asymmetric disc protrusion C5-6, left greater than right which may slightly affect the C6 nerve root, left greater than right. Clinical correlation is advised."The patient's diagnoses include:1. Cervical degenerative disc disease2. Lumbar facet osteoarthritis and degenerative disc disease3. Left shoulder impingement4. Cervical radiculopathy needing an epidural. Current medications are listed as Norco, Baclofen, Lidoderm patch, Flexeril, Skelaxin and Motrin. The utilization review being challenged is dated 07/29/14. . Reports were provided from 01/17/14 to 07/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46, 47.

**Decision rationale:** The patient presents with pain in the "posterior neck, left shoulder" The provider requests for Cervical epidural steroid injection. The RFA states the purpose is to help radiculopathy with C5 root impingement. The utilization review recommends a partial certification of an additional epidural steroidal injection at C5-C6 on the left. MTUS pages 46, 47 state that ESIs are recommended as an option for treatment of radicular pain. ODG guidelines state repeat blocks should be offered if there is at least 50% pain relief for 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year. Repeat injections should be based on continued objective documented pain and function response. On 07/18/14 the provider states the patient had a cervical epidural steroid injection on 04/21/14 (report provided) at left C5-6 that provided at least 70% pain relief for at least 8 weeks with an increase in ADL's, improved overall function and medication intake was reduced. In this case, the patient does not present with any radicular symptoms. Although MRI shows a small disc protrusion, the patient does not have any radiating pain into the arm in C6 nerve distribution. ESI's are indicated for radicular pain per MTUS. MTUS also states that ESI's are not support for the C-spine. Recommendation is for not medically necessary.

**Norco 10/325mg x2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 88, 89.

**Decision rationale:** The patient presents with neck, left shoulder and lower back pain. The treater requests for Norco (an opioid) 10/32/5 mpg x 2 refills. Reports provided show the patient has been taking this medication since at least 01/17/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pain assessment is addressed by the treater noting a change in pain from 4-9/10 on 01/17/14 to 2-5/10 on 05/23/14. On 07/18/14 the treater states the patient benefits from her chronic pain medication maintenance regimen, activity restriction and rest to continue to keep pain at a manageable level to complete necessary ADL's. The patient is working. It would appear that given the patient's ability to work and control pain with these opiates, on-going opiate usage is reasonable and medically indicated. Recommendation is for authorization.

**Baclofen 10mg x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Antispasticity drugs. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary (updated 6/10/14) Non-sedating muscle relaxants

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

**Decision rationale:** The patient presents with neck, left shoulder and lower back pain. The provider requests for Baclofen 10 mg x 2 refills. Reports provided show the patient has been using this medication since at least 01/17/14. MTUS Guidelines page 63 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The reports provided do not state the intended use of this medication. Furthermore, long term use is not recommended by MTUS. Therefore, recommendation is for not medically necessary.

**Lidoderm 5% patch x2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57.

**Decision rationale:** The patient presents with neck, left shoulder and lower back pain. The provider's request is for Lidoderm 5% patch x 2 refills. The patient has been using this medication since at least 01/17/14. The provider does not discuss this medication; however, it is stated the patient's pain medications provide benefit and this was among the listed medications. MTUS has the following regarding lidoderm patches: (MTUS 56, 57) is indicated for neuropathic pain that is peripheral and localized. In this case, there is no diagnosis for this patient that indicates this medication. Recommendation is for not medically necessary.

**Flexeril 10mg x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Antispasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary (updated 6/10/14) Non-sedating muscle relaxants

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

**Decision rationale:** The patient presents with neck, left shoulder and lower back pain. The provider's request is for Flexeril (Cyclobenzaprine) 10 mg x 2 refills. The 07/29/14 utilization review modified this request to 0 refills. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The reports provided show the patient has been taking this medication since at least 01/17/14. The reports show no discussion of the medication, and the use is outside the 2-3 weeks recommended by MTUS. Therefore, recommendation is for not medically necessary.

**Skelaxin 800mg x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Antispasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary (updated 6/10/14) Non-sedating muscle relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 61.

**Decision rationale:** The patient presents with neck, left shoulder and lower back pain. The provider's request is for Skelaxin (Metaxalone) 800 mg x 2 refills. MTUS page 61 states this medication is, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP." "Metaxalone is a muscle relaxant that is reported to be relatively non-sedating." The reports provided show the patient has been taking this medication since at least 03/21/14. There is no discussion of the medication. The provider does state that the patient benefits from her chronic pain maintenance regimen and Skelaxin was included on the medications list. In this case, use does not appear to be short term as required by MTUS. Recommendation is for not medically necessary.

**Motrin 600mg x 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, Medications for Chronic Pain Page(s): 22, 60.

**Decision rationale:** The patient presents with neck, left shoulder and lower back pain. The provider's request is for Motrin (Ibuprofen an NSAID) 600 mg x 2 refills. Reports provided show the patient has been taking this medication since at least 03/21/14. MTUS page 22 supports this medication as a first line treatment for lower back pain. MTUS page 60 further states, "A record of pain and function should be recorded." In this case, this medication is not specifically discussed in the reports provided: however, on 07/18/14 the provider does state that

the patient does benefit from her regimen of chronic pain maintenance which includes this medication. Reports further show a reduction of pain from 4-9/10 on 01/17/14 to 2-5/10 on 05/23/14. There is sufficient documentation that this medication is indicated and has efficacy per MTUS above. Recommendation is for medically necessary.