

<b>Case Number:</b>	CM14-0169266		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 66 year old male with a reported date of injury on 1/18/08 who requested left C5-C6 epidural steroid injection, left carpal tunnel release, consultation, and gabapentin 300-400 mg times 3day and Flurbiprofen cream. Progress report dated 8/13/14 notes the patient with pain of the neck, lower back, bilateral shoulder, bilateral wrist/hand and left knee. He is noted to have seen Pain Medicine, Psyche, and Orthopedics within the last month. Examination notes diminished sensation to the left lower extremity. The requested treatment included MRI of the head, left carpal tunnel release surgery, epidural steroid injection of the cervical spine, medications per pain management recommendation dated 8/7/14 and follow-up consultations with Neurology(after brain MRI), Psyche, Pain Medicine and Orthopedist. Documentation from 8/7/14 notes an initial pain management examination; however, the patient was noted to have first been seen on 5/16/12. The chief orthopedic complaint is back pain but also pain complaint of the neck, bilateral shoulder, bilateral hand/wrist and left knee. The patient complains of numbness of both upper extremities and tingling of all ten fingers. Neck pain is present that radiates to both upper extremities. Examination of the head, neck and cervical spine notes the pupils are equal, round, react to light, accommodation. The sensory examination notes dullness to nailbed pressure of all toes and motor examination shows a very slight weakness of all levels. Cervical spine MRI shows multi-level disc bulges, most significant at C5-C6 level with severe bilateral neuroforaminal and left-sided cord compression. Bilateral hand MRIs are reported as normal. Right shoulder MRI shows evidence of tendinosis. Electrodiagnostic studies show bilateral carpal tunnel syndrome and peripheral neuropathy. Diagnoses include cervical disc herniations with radiculopathy, chronic cervical strain, cervical facet hypertrophy, lumbar radiculopathy, lumbar facet hypertrophy, chronic lumbar strain, chronic shoulder strain, chronic bilateral wrist strain, and bilateral carpal tunnel syndrome. Recommendation is made for

Gabapentin 300-400 mg three times per day and is dispensed Flurbiprofen cream for joint complaints. Finally, because of the left upper extremity radicular symptomatology, which matches his physical exam findings and cervical MRI abnormalities, a request is made for a diagnostic left C5-C6 epidural steroid injection.

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

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

#### **Left C5-6 epidural steroidal injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Based on the medical records reviewed, a clear radiculopathy has not been defined by symptomatology and examination as a clear dermatomal pattern of numbness/pain has not been documented. The patient is only stated to have a diagnosis of a radicular pattern of symptoms. The patient is noted to complain of sensory disturbances more consistent with a peripheral neuropathy, as he is documented to complain of numbness in all ten fingers and both feet. In addition, electrodiagnostic studies are stated to show bilateral carpal tunnel syndrome and peripheral neuropathy. He thus has other reasons for numbness. There is no mention of radiculopathy from the stated results of these studies. The examination documentation is limited with respect to the spine and upper extremities. No specific sensory examination of the upper extremities is provided, only the lower extremities. No specific focal weakness is documented. From Chronic Pain Medical Treatment Guidelines Epidural steroid injections, page 46, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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 little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this

treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.

Thus, as a clear diagnosis of a radiculopathy in the C5-6 dermatomal pattern has not been defined on symptomatology or examination and not supported by electrodiagnostic studies, an epidural steroid injection should not be considered medically necessary. The only evidence provided is based on the patient's MRI studies. This does not align with the examination provided in the documentation. From page 179-180, Neck and Upper back complaints, a disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, shoulder and arm symptoms, and nerve root dysfunction. The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. Thus, MRI results as sole criteria for intervention is not consistent with the guidelines. History and physical examination should be consistent with a radiculopathy, which has not been adequately documented for this patient. This is consistent with the utilization review findings. The request is not medically necessary.

**Left wrist surgery carpal tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** The patient is diagnosis with bilateral carpal tunnel syndrome. There is a stated report of electrodiagnostic studies showing bilateral carpal tunnel syndrome and peripheral neuropathy. No specific symptomatology and clinical examination supporting left carpal tunnel syndrome is provided from the medical records reviewed. The patient is noted to have numbness more consistent with a peripheral neuropathy, as the patient complains of numbness in all ten fingers and in both feet. No specific documentation of typical examination findings associated with carpal tunnel syndrome is provided. With respect to carpal tunnel surgery, from ACOEM, page 270, surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest postsurgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical

examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare. Positive EDS in asymptomatic individuals is not CTS. Studies have not shown portable nerve conduction devices to be effective diagnostic tools. Surgery will not relieve any symptoms from cervical radiculopathy (double crush syndrome). Based on these guidelines, a diagnosis of left carpal tunnel syndrome has not been proved by positive findings. Electrodiagnostic studies are only stated to show bilateral carpal tunnel syndrome; the degree of severity has not been documented. In addition, the patient has not been adequately documented to have undergone appropriate conservative measures including splinting. Thus, carpal tunnel release is considered medically unnecessary.

**Meds x 1 Gabapentin 300-400mg x3 day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antiepilepsy drugs Page(s): 18-19.

**Decision rationale:** Based on the entirety of the medical record, this can be considered a form of neuropathic pain. Examination and electrodiagnostic studies support that he has a peripheral neuropathy. He is documented to have a lumbar radiculopathy. Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998)The guidelines state a recommended trial period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003)However, as stated by the utilization reviewer, a specific dosing and length of treatment has not been specified. Thus, this would not be consistent with the recommended trial period. This request is not medically necessary.

**Meds times 1 Flurbiprofen Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Patient has evidence of radicular pain, related to the lumbar spine and peripheral neuropathy. There is no evidence of specific osteoarthritis from the records provided for review, but may have evidence of tendinosis. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the

effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks).

There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use FDA-approved agents. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, gastrointestinal (GI) symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Guroi, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)Based on these guidelines, a topical NSAID may be indicated for short term use. However, it is unclear the exact area for treatment other than joint discomfort and the length of treatment has not been specified. Thus, without these specifics, this medication is considered to be medically unnecessary.

**Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** Referral to pain management for further evaluation should be reasonable for this patient. However, it appears that the patient has already been evaluated and followed by pain management for consultation prior to the request for authorization dated 8/13/14. Thus, as the patient is already being seen and followed by pain management, additional consultation/initial evaluation should not be considered medically necessary. From page 180, Neck and Upper back complaints section, if there is no clear indication for surgery, referring the patient to a physical medicine and rehab (PM&R) specialist may help resolve symptoms. Based on the available documentation, there is no clear indication for neck surgery and thus referral for additional consultation is reasonable. However, this has already been initiated based on the documentation from pain management dated 8/7/14. The patient appears to have been previously seen by this specialist in the past as well. Thus, further consultation is not medically necessary.