

<b>Case Number:</b>	CM14-0021255		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 49-year-old female who sustained an injury on March 12, 2008. No specific mechanism of injury was discussed. The patient was followed for chronic neck pain and low back pain that was severe 7/10 on the Visual Analogue Scale (VAS). Pain Management followed the patient and multiple medications were noted including Topamax to address headaches and Norco 10/325mg to address pain. Other medications included Pamelor. The patient indicated that with medications she had approximately 25% improvement that allowed her to perform normal activities of daily living. The patient felt that without medications she would be completely non-functional. Urine drug screen results reflected compliance. The patient had ongoing gastrointestinal upset with medication use. On October 29, 2013, the patient continued to report severe neck pain and low back pain. Authorization was pending for further psychological treatment. A recommendation for occipital nerve blocks was made. On physical examination, the patient had decreased range of motion in the cervical spine with positive spasms in the cervical spine. Sensation was decreased in right C6 through C8 distribution. Imaging studies reportedly showed stenosis at C5-6 and C6-7 and stenosis in the lumbar spine from L3 to S1 however no imaging studies were available for review. As of December 23, 2013, the patient continued to report pain in the cervical spine with associated numbness and pain in the upper extremities. The patient was utilizing Norco 10/325mg up to three times a day for pain. The patient was utilizing Robaxin as needed for muscle spasms and Zofran for severe nausea. Other medications included topical LidoPro cream and Pamelor. The patient reported an increased level of function and decreased pain with these medications. Physical examination noted antalgic gait with limited range of motion in the cervical spine and lumbar spine. Diffuse tenderness to palpation in the upper and lower in the neck and low back was noted. Sensation was decreased in the lower extremities in the left lower extremity in L3 through S1 distribution.

Recommendations were to continue with medications and trial of Flexeril to address muscular spasms. Pain management was discontinued at this evaluation and the patient was referred for epidural steroid injections.

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

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

#### **LIDOPRO TOPICAL OINTMENT 4-OUNCES WITH TWO (2) 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): 111-113.

**Decision rationale:** The request for LidoPro ointment 4oz with two refills is not medically necessary. LidoPro ointment as a topical analgesic is considered largely experimental/investigational by guidelines. The clinical literature demonstrates minimal evidence to support topical analgesics in the treatment of chronic pain. According to the Chronic Pain Medical Treatment Guidelines, LidoPro as a topical analgesic can be considered as an option in the treatment of neuropathic pain when other medications such as anticonvulsants and antidepressants have failed. In this case there is no indication that the patient has clearly had failure of first line medications to address neuropathic pain such as antidepressants or anticonvulsants. Therefore, the request is not medically necessary.

#### **ONDANSETRON 4MG (#10 WITH 2 REFILLS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Treatment Index 9th Edition Web 2011.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics.

**Decision rationale:** The request for Ondansetron 4mg (#10 with 2 refills) is not medically necessary. There are no indications for the use of Ondansetron in this case. According to the FDA indications for Ondansetron, this medication should be utilized to address nausea and vomiting symptoms secondary to chemotherapy or radiation therapy. Other indications include post-operative nausea. None of these indications are noted in the clinical record. The patient was utilizing Ondansetron to address nausea and vomiting outside of FDA indications. Given the off label use of Ondansetron this request is not medically necessary.

#### **CYCLOBENZAPRINE 7.5MG (#30 WITH 2 REFILLS): 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 Relaxants Page(s): 63-67.

**Decision rationale:** The request for Cyclobenzaprine 7.5mg (#30 with 2 refills), is not medically necessary. The patient was placed on cyclobenzaprine as a trial to address new muscular spasms on December 23, 2013. While guidelines recommend the use of Flexeril for acute exacerbation of musculoskeletal conditions such as acute muscular spasms, the trial would have been sufficient with a quantity of 30 cyclobenzaprine tablets only. There was no indication for multiple refills of this medication, as guidelines do not recommend long-term use of muscle relaxants. Therefore, the request is not medically necessary.

**NORTRIPTYLINE HYDROCHLORIDE 25MG CAPSULES (#60 WITH 2 REFILLS):**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**Decision rationale:** The request for Nortriptyline 25mg (#60 with 2 refills) is medically necessary. From the clinical records the patient was receiving good benefit from medications and had ongoing objective findings consistent with chronic neuropathic type pain in the upper extremities and lower extremities. Nortriptyline as an antidepressant is a recommended first line medications in the treatment of neuropathic pain. Given the objective findings regarding ongoing neuropathic symptoms this request is medically necessary.

**HYDROCODONE/APAP 10/325MG (#120 WITH 2 REFILLS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** The request for hydrocodone 10/325mg (#120 with 2 refills) is medically necessary. The patient noted functional improvement and pain reduction with ongoing use of Norco. The patient also had compliant urine drug screen findings. According to the Chronic Pain Medical Treatment Guidelines, short acting narcotics such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. Guidelines recommend that there be ongoing assessments regarding efficacy of short acting narcotics such as Norco. Given the clinical documentation regarding ongoing functional benefit from Norco, including increased function and decreased pain the request is medically necessary.

### **THREE (3) FOLLOW-UP PAIN PSYCHOLOGICAL VISITS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127; as well as the Non-MTUS ODG Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The request for three follow up pain psychological sessions are not medically necessary. The clinical documentation submitted for review does not discuss in depth any of the psychological complaints. There is no documentation regarding any benefit obtained with previous psychological evaluations. Given the limited clinical documentation supporting the use of pain psychology follow-ups this request is not medically necessary.

### **INTRALAMINAR EPIDURAL STEROID INJECTIONS AT C5-6 AND C6-7: Upheld**

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

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

**Decision rationale:** The request for epidural steroid injections at C5-6 and C6-7 are not medically necessary. Overall there is insufficient objective evidence to support ongoing diagnosis of cervical radiculopathy that would benefit from epidural steroid injections. No imaging studies of the cervical spine were available for review confirming neurocompressive pathology at C5-6 and C6-7 that would reasonably improve with epidural steroid injections. According to the Chronic Pain Medical Treatment Guidelines there should be evidence of unequivocal radiculopathy in the upper extremities to support epidural steroid injections. As this was not evident in the clinical records provided for review, the request is not medically necessary.

### **BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTIONS AT L4 AND L5: Upheld**

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

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

**Decision rationale:** The request for bilateral epidural steroid injections at L4-5 is not medically necessary. Overall there is insufficient objective evidence to support ongoing diagnosis of lumbar radiculopathy that would benefit from epidural steroid injections. No imaging studies of

the cervical spine were available for review confirming neurocompressive pathology at L4-5 that would reasonably improve with epidural steroid injections. According to the Chronic Pain Medical Treatment Guidelines there should be evidence of unequivocal radiculopathy in the lower extremities to support epidural steroid injections. As this was not evident in the clinical records provided for review, the request is not medically necessary.

**EIGHT (8) VISITS OF CHIROPRACTIC TREATMENT FOR THE NECK AND BACK:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The request for eight chiropractic therapy sessions are not medically necessary. According to the Chronic Pain Medical Treatment Guidelines, chiropractic therapy can be indicated for recent exacerbations of chronic musculoskeletal complaints. However, guidelines only recommend an initial six sessions as a trial to determine response to treatment. The eight sessions of chiropractic therapy requested would exceed guideline recommendations and there were no exceptional factors to support this amount of chiropractic therapy requested. Furthermore, no goals from expected goals for functional improvement were discussed in the clinical records to support the use of this treatment. Therefore, the request is not medically necessary.

**THREE NEUROLOGY FOLLOW-UP VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127; as well as the Non-MTUS ODG Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 32.

**Decision rationale:** The request for three neurology follow-up visits is not medically necessary. At this time, it is unclear what further information could be gained with further neurological follow-up. The patient has been followed for chronic radicular complaints in the neck and low back from the date of injury. Without any clear clinical indications for further neurological follow up and as it is unclear what additional delineation of care would be obtained with the use of neurological follow up. Therefore, the request is not medically necessary.

**AN ALLERGY CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127; as well as the Non-MTUS ODG Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 32.

**Decision rationale:** The request for an allergy consult is not medically necessary. The last clinical records available for review did not discuss any specific allergy symptoms that would support consultation. It is unclear from the clinical records how an allergy consult at this time would reasonably address any of the symptoms stemming from the original injury five years prior. As such, the request is not medically necessary at this time.