

<b>Case Number:</b>	CM14-0054678		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 11/01/2005. The mechanism of injury was lifting a heavy object. The prior treatments included physical therapy, epidural steroid injections and medication. The surgical history was not provided. The medications were noted to include Norco 10 mg 4 times a day, Valium, and Klonopin. The documentation indicated the injured worker had 2 prior cervical injections. The documentation included a DWC Form RFA for a retro request for 1 medication dated 03/21/2014. The documentation dated 12/17/2013 indicated the injured worker was in need of a topical cream to give enough pain relief. The injured worker could not take oral pain medications due to side effects, such as sedation or nausea. This subsequent documentation of 03/11/2014 revealed the injured worker had complaints of headache, backache, and neck pain. The documentation indicated the injured worker had 1 cervical epidural steroid injection, reducing his pain by 62% and a second injection reducing his pain by 10% for a total of 72% reduction. The request was made for a third injection. The injured worker indicated the pain came from the C3, C4, and C5 levels and needed the next injection at that level. The injured worker was noted to be taking Valium for anxiety and the fear of the pain. The current medications were noted to include Tegretol, Depakote, lisinopril, propranolol, Flomax, and Lorcet 10/500. The surgical history was not provided. The physical examination revealed the injured worker's neck was stiff and he moved with difficulty. The injured worker had decreased range of motion. The left arm and hand had a grip that was weak. There was some improvement in strength. The injured worker was noted to have an MRI of the cervical spine. The documentation indicated the injured worker had a need for topical cream, including a gastrointestinal disease; a failure of medications, including morphine, to provide adequate pain relief without intolerable side effects; and localized pain relief. The effectiveness was a 40% reduction in pain relief and reduction in the amount of oral pain medications that

were needed. The diagnoses included discogenic syndrome, cervical, lumbar; seizure disorder; brain injury; hypertension; shoulder pain; lumbar and cervical facet arthropathy; anxiety; and gastritis. The treatment plan included Norco 10/325, Valium 10 mg every day number 30 with no refills, Klonopin 0.5 mg with no refills, Naprosyn cream 15% 4 times a day, Tegretol, Depakote, lisinopril, propranolol, and Flomax, as well as cervical epidural steroid injection number 3. The epidural steroid injection performed on 02/04/2014 was noted to be at the level of C6-7. There was a DWC form RFA dated 03/21/2014 submitted for the requested medication. There was no DWC form RFAs submitted for the requested services.

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

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

#### **Cervical Epidural Injection at C3, C4, C5 with Anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter: Criteria for the use of Epidural Steroid Injections, AMA Guides - Radiculopathy.

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections for the treatment of radiculopathy. There should be documentation of objective findings upon physical examination that are corroborated by imaging studies and/or electrodiagnostic studies and there should be documentation of a failure of medications, including NSAIDs and muscle relaxants, as well as physical therapy. The clinical documentation submitted for review indicated the injured worker previously had undergone 2 epidural steroid injections for a total of 70% relief. However, there was a lack of documentation indicating the levels that the injections were performed at. The operative report that was provided included a level of C6-7. There was a lack of documentation indicating an MRI of the cervical spine to support the necessity for the level of C3, C4, and C5. There was a lack of documentation of conservative care. Given the above, the request for cervical epidural injection at C3, C4, and C5 with anesthesia is not medically necessary.

#### **Complete Blood Count (CBC): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**Decision rationale:** The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases

within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review failed to provide a documented rationale for a complete blood count. There was no DWC Form RFA or PR2 submitted for the requested complete blood count. Given the above, the request for a complete blood count is not medically necessary.

**Basic metabolic panel (BMP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

**Decision rationale:** The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review failed to provide a documented rationale for a basic metabolic panel. There was no DWC Form RFA or PR2 submitted for the requested basic metabolic panel. Given the above, the request for a basic metabolic panel is not medically necessary.

**Shower Chair: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare - Bath/Shower Chair.

**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 Chapter, DME.

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, which includes can withstand repeated use as in could normally be rented and used by successive injured workers, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the injured workers home. The clinical documentation submitted for review failed to provide a DWC Form RFA or PR2 to support the request. There was a lack of documented rationale for the use of a shower chair. There was a lack of documentation indicating the device met the durable medical equipment definition. The request as submitted failed to indicate whether the request was for rental or purchase. Given the above, the request for a shower chair is not medically necessary.

**Quad Cane: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter: Walking aids (canes, crutches, braces, orthoses, & walkers), Medicare National Coverage Determinations Manual - Walker.

**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 Chapter, Walking Aids.

**Decision rationale:** The Official Disability Guidelines indicate that almost half of the injured workers with pain possess a walking aid. Disability pain and age related impairment seem to determine the need for a walking aid. There was no DWC Form RFA or PR2 submitted for the requested quad cane. There was no documented rationale for the request. Given the above, the request for quad cane is not medically necessary.

**Retrospective: Naprosyn Topical Cream 15% - 120gm (DOS: 01/14/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatory agents (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines: Topical NSAIDs.

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

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics 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 one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. 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. The documentation of 12/17/2013 revealed the injured worker was prescribed the medication due to a failure of medications, including morphine, to provide adequate pain relief without intolerable side effects. The duration of use could not be established through supplied documentation. The injured worker was noted to have 40% decrease in pain and a reduction in the amount of oral pain medications with the use of the topical medication. There was, however, a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the retrospective request for Naprosyn topical cream 15%, 120 grams (DOS: 01/14/14) is not medically necessary.

**Retrospective: Norco 10/325mg #120 (DOS: 03/11/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management actions Page(s): 81, 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had used the medication since at least 12/2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. There was no DWC form RFA submitted for the request. Given the above, the retrospective request for Norco 10/325 mg #120 (DOS: 03/11/14) is not medically necessary.

**Retrospective: Valium 10mg #30 (DOS: 03/11/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines as a treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication. However, the duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented efficacy. There was no DWC form RFA submitted for the request. Given the above, the retrospective request for Valium 10 mg #30 (DOS: 03/11/14) is not medically necessary.

**Retrospective: Klonopin 0.5mg #60 (DOS: 03/11/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines as a treatment for injured workers with chronic pain for longer than 3 weeks due to a high risk of

psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication. However, the duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented efficacy. There was no DWC form RFA submitted for the request. Given the above, the retrospective request for Klonopin 0.5 mg #60 (DOS: 03/11/14) is not medically necessary.