

<b>Case Number:</b>	CM14-0084255		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 & Rehabilitation 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 who has submitted a claim for chronic pain syndrome, lumbar radiculopathy, lumbar spinal stenosis, bilateral carpal tunnel syndrome, anxiety, depression, and insomnia associated with an industrial injury date of October 16, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain radiating to bilateral upper extremities, aggravated by activity. The patient likewise experienced low back pain radiating to bilateral lower extremities, aggravated by walking. Pain was rated 9/10 in severity, relieved to 7/10 upon intake of medications. This resulted to difficulty in performing self-care, hygiene, hand function, ambulation, and sleep. Physical examination of the lumbar spine showed tenderness and limited range of motion. No recent comprehensive physical exam was available for review. Treatment to date has included epidural steroid injection at L4 to L5 on February 4, 2014 (resulting to 50 to 80% improvement for two months), left total hip arthroplasty, acupuncture, and medications such as tramadol, ketoprofen, tizanidine, Ambien, and Restone (all since February 2014). Utilization review from May 22, 2014 denied the request for Acupuncture; a left L4-5 transforaminal epidural and right L4-5 transforaminal epidural; Ambien, Restone; Ketoprofen; Tizanidine; and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (4-visits): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in 2013; however, the exact number of visits is not documented in the medical records submitted. There is no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with the use of acupuncture. Moreover, body part to be treated is not specified. Therefore, the request is not medically necessary.

**Left L4-5 Transforaminal Epidural:** 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 Injection Page(s): 46.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, patient complained of low back pain radiating to bilateral lower extremities, aggravated by walking. Pain was rated 9/10 in severity; relieved to 7/10 upon intake of medications. Physical examination of the lumbar spine showed tenderness and limited range of motion. Patient underwent epidural steroid injection at L4 to L5 on 2/4/2014 resulting to 50 to 80% improvement for two months. However, there was no recent neurologic exam to document presence of radiculopathy. There was likewise no available imaging study to document nerve root compromise. Guideline criteria were not met due to insufficient information. Therefore, the request is not medically necessary.

**Right L4-5 Transforaminal Epidural:** 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 Injection Page(s): 46.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. In this case, patient complained of low back pain radiating to bilateral lower extremities, aggravated by walking. Pain was rated 9/10 in severity; relieved to 7/10 upon intake of medications. Physical examination of the lumbar spine showed tenderness and limited range of motion. Patient underwent epidural steroid injection at L4 to L5 on 2/4/2014 resulting to 50 to 80% improvement for two months. However, there was no recent neurologic exam to document presence of radiculopathy. There was likewise no available imaging study to document nerve root compromise. Guideline criteria were not met due to insufficient information. Therefore, the request is not medically necessary.

**Ambien (10mg at bedtime, #30): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Zolpidem (Ambien)

**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, Zolpidem section

**Decision rationale:** The California MTUS Guidelines do not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines state that zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term usually 2-6 weeks treatment of insomnia. In this case, patient has been on Ambien since February 2014. She has exceeded the guideline recommendation for the use of Ambien. Furthermore, there is no recent discussion concerning sleep hygiene. Therefore, the request is not medically necessary.

**Ketoprofen (50mg, once daily, #30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** As stated in the Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain

and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on ketoprofen since February 2014. Pain is rated 9/10 in severity, relieved to 7/10 upon intake of medications. However, there is no documented functional improvement from medication use. Long-term use is likewise not recommended. Therefore, the request is not medically necessary.

**Restone (3-100, at bedtime, #30): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter: Insomnia treatment

**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, Melatonin; Pain Chapter, Medical Food

**Decision rationale:** The California MTUS Guidelines does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. According to the Official Disability Guidelines, melatonin is recommended for insomnia treatment. Repeated administration improves sleep and may reduce anxiety. There are also data supporting an analgesic role of melatonin in a dose-dependent manner. According to guidelines, 5-Hydroxytryptophan is possibly effective in treatment of anxiety disorders, fibromyalgia, obesity, and sleep disorders. It has been found to be effective for depression. It should be used with caution in individuals using SSRIs. In this case, patient has been on Restone since February 2014 for insomnia. However, there is no recent discussion concerning sleep hygiene. There is no noted improvement from medication use. Therefore, the request is not medically necessary.

**Tizanidine (2mg, 1 every 12-hours, #60): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended, with caution, as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on tizanidine since February 2014. Pain is rated 9/10 in severity, relieved to 7/10 upon intake of medications. However, there is no documented functional improvement from medication use. Long-term use is likewise not recommended. The most recent physical examination also failed to show evidence of muscle spasm. Therefore, the request is not medically necessary.

**Tramadol (50mg, 1 every 8-12 hours, #90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated in the Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on tramadol since February 2014. Pain is rated 9/10 in severity, relieved to 7/10 upon intake of medications. However, there is no documented functional improvement from medication use. There is likewise no urine drug screen to monitor drug compliance. Guideline criteria for continuing opioid management have not been met. Therefore, the request is not medically necessary.