

<b>Case Number:</b>	CM14-0085935		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Pain Management and is licensed to practice in Texas, and Oklahoma. 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 34-year-old male with a reported date of injury of 04/04/2012. The injury reportedly occurred when the injured worker slipped and fell on a pipe. His diagnoses are noted to include degenerative disc disease of the lumbar spine, L5 bilateral spondylosis, L5-S1 grade 1 anterolisthesis with retrolisthesis at L3-4 and L4-5, lumbar radiculopathy, multiple herniated nucleus pulposus of the thoracic spine, degenerative disc disease of the cervical spine and left rib fracture. His previous treatments were noted to include chiropractic treatments, medications and acupuncture. The progress note dated 05/13/2014 revealed complaints of neck and back pain rated 6/10 to 8/10. The injured worker reported radiating pain numbness and tingling down both arms to the hands. The injured worker complained of continued left sided rib cage pain on the anterior, lateral and posterior aspects. The injured worker also complained of radiating pain down both legs to the calves and numbness in the right foot. The physical examination revealed tenderness to palpation of the cervical, thoracic and lumbar midline and paraspinal region. There was tenderness to palpation of the left rib cage anteriorly, laterally and posteriorly from T3-9. The range of motion of the cervical, thoracic and lumbar spine was noted to be diminished. The sensation examination revealed diminished to light touch and pinprick in the left C5, C6, C7 and C8 dermatomes. Sensation was intact to the bilateral lower extremities. The motor strength examination revealed diminished motor strength to the lower extremities and there were increased deep tendon reflexes to the bilateral patellae and Achilles. The straight leg raise test was positive bilaterally causing radiating pain to the calves. The provider indicated an MRI of the lumbar spine taken 07/14/2014, demonstrated degenerative disc disease and facet arthropathy with retrolisthesis at L3-4 and L4-5. There was a grade 1 anterolisthesis at L5-S1 with bilateral L5 spondylosis. There was neural foraminal narrowing including L4-5 to the mild

right and L5-S1 mild to moderate left and mild right. The progress note dated 04/14/2014, was for a transforaminal epidural steroid injection bilaterally at L5, Docuprene 100mg #60, Terocin patch box (10 patches), Cyclobenzaprine 7.5mg #30, Omeprazole 20mg #60 and Percocet 5/325 mg #90. However, the provider's rationale was not submitted within the medical records.

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

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

#### **Transforaminal Epidural Steroid Injection Bilaterally at L 5: Upheld**

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

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

**Decision rationale:** The injured worker has received previous treatments of chiropractic treatment and acupuncture. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for treatment of radicular pain (defined as pain in dermatomal distribution with corroborated findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs and muscle relaxants. The injections should be performed using fluoroscopy for guidance. If used for diagnostic purposes, a maximum of 2 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 1 to 2 weeks between injections. There should be no more than 2 nerve root levels should be injected using transforaminal blocks and no more than 1 interlaminar should be injected at 1 session. There is lack of documentation showing significant neurological deficits such as decreased deep tendon reflexes or decreased sensation in a specific dermatomal distribution. As such, the request is not medically necessary.

#### **Docuprene 100 mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. The previous request for Percocet has been non-certified, which makes the prophylactic treatment of opioid induced constipation not warranted at this time. Additionally, the request failed to provide a frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Terocin Patch, Patch Box (10 Patches): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylate Page(s): 111-112, 105.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicated that topical lidocaine (Lidoderm) may be recommended localized peripheral pain after there has been evidence of a first line therapy (tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. However, the guidelines state the only FDA approved lidocaine formulation is the Lidoderm patch and the Terocin patch consists of lidocaine and menthol. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

**Cyclobenzaprine 7.5 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Anti Spasmodics.

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

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. There is lack of documentation regarding muscle spasms to warrant a muscle relaxant. The guidelines state efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence and the injured worker has been utilizing this medication for 1 year. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Omeprazole 20 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines state physician's should determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroid and/or an anticoagulant or a high dose/multiple NSAIDs. There is lack of documentation regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Percocet 5/325 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2013. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is a lack of documentation with evidence decreased pain on a numerical scale with the use of medications, improved functional status, side effects and whether the injured worker has consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.