

<b>Case Number:</b>	CM14-0086560		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/30/1992
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/16/2014
<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 Occupational Medicine 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 applicant is an employee of [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 30, 1992. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties, opioid therapy, at least one prior epidural steroid injection and the apparent imposition to permanent work restrictions. In a Utilization Review Report dated May 16, 2014, the claims administrator denied a request for an epidural steroid injection, a gym membership, Norco, diclofenac, and a topical compounded medication. The applicant's attorney subsequently appealed. In a May 16, 2014 progress note, the applicant was described as having persistent complaints of low back pain radiating to the right leg. It was stated that the applicant was using four to six tablets of Norco daily. Voltaren was being employed as needed. The applicant stated that Flexeril was being used on a diminished phase as his spasms reportedly diminished. It was further noticed that the applicant was also using capsaicin cream. The applicant stated that he cut back on alcohol consumption and stated that he was waiting for authorization of a gym membership and a repeat epidural steroid injection. The applicant did exhibit a normal gait with limited range of motion about the lumbar spine. The applicant reported that his pain was highly variable, ranging from 5-9/10 and that he was having difficulty performing activities of daily living as basic as sitting, standing, and walking. A repeat epidural steroid injection was sought while multiple medications were refilled. A gym membership was also endorsed. The applicant was asked to continue permanent work restrictions. The applicant did not appear to be working with said permanent limitations in place; this was acknowledged by the applicant on the questionnaire dated March 7, 2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal ESI bilateral L4, L5, S1: Upheld**

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, the applicant has had at least one prior block. The applicant is, however, seemingly off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid agents such as Norco. In short, the prior epidural steroid injection failed to effect any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

**6 month gym membership: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The gym membership being sought by the attending provider, thus, has been deemed per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Accordingly, this request is not medically necessary.

**Hydrocodone/APAP 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidences of successful return to work, improved function, and/or reduced pain achieved as a result of the

same. In this case, however, the applicant is seemingly off of work. The attending provider has not outlined any tangible, material, or concrete decrements in pain or improvements in function achieved as a result of ongoing Norco usage. Rather, the information on file suggests that the applicant is having difficulty performing even basic activities of daily living such as sitting, standing, and walking. On balance, it does not appear that criteria for continuation of opioid therapy have seemingly been met. Accordingly, this request is not medically necessary.

**Diclofenac Sodium ER 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic.MTUS Page(s): 22, 7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as diclofenac do represent a traditional first-line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant has failed to effect any lasting benefit or functional improvement through ongoing usage of diclofenac. The applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including interventional spine procedures and opioid agents. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS despite ongoing usage of diclofenac. Therefore, this request is not medically necessary.

**CM4-caps 0.05% + Cyclo 4% #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. In this case, one of the primary ingredients in the compound in question is, in fact, muscle relaxant, cyclobenzaprine. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, this request is not medically necessary.