

<b>Case Number:</b>	CM14-0087025		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 7, 2014, the claims administrator denied a selective nerve root block (AKA epidural steroid injection) at L5-S1, denied continuous usage of Cymbalta, denied continuous usage of Lyrica, denied a trial of fentanyl, and approved a request for Celebrex. The claims administrator's denial of the selective nerve root block was somewhat difficult to follow, although it did appear that the applicant had had at least one prior selective nerve root block. The applicant's attorney subsequently appealed. In an April 28, 2014 progress note, the applicant reported persistent complaints of low back pain status post earlier lumbar fusion surgery at L4-L5 on January 20, 2012. The applicant apparently had also had a ventral hernia attributed to the anterior approach during the fusion surgery. The applicant had reported 8-9/10 low back radiating into the left leg and thigh. The applicant was using Percocet, Prilosec, Restoril, and Zanaflex, it was stated. The applicant did apparently have decreased sensorium about the left L5 dermatome. The applicant was asked to obtain a lumbar support and consider a left L4-L5 and L5-S1 laminotomy-foraminotomy procedure. Authorization for the same was sought. A general surgery consultation was also endorsed to address the ventral hernia. The attending provider acknowledged that the applicant had not taken OxyContin for the last four weeks and was using five Norco a day. The applicant was, at one point, using six Percocet a day, it was stated. The attending provider seemingly acknowledged that the applicant should be detoxified off of the opioid agents in question. There was no mention of Lyrica or Cymbalta

being used on this date. On March 31, 2014, the applicant was described as using Percocet, Prilosec, Restoril, and Zanaflex. 8-9/10 pain was noted. On January 29, 2014, the applicant was described as having had a previous epidural steroid injection which provided no significant pain relief or radicular complaints. 8-9/10 pain was again noted. The applicant was using Percocet, Prilosec, Restoril, and Zanaflex, it was acknowledged. The applicant was described by his chronic pain physician on January 29, 2014 as having severe pain complaints. 8-9/10 pain was reported. The applicant was tearful. The applicant was asked to continue omeprazole, Zanaflex, naproxen, Cymbalta, baclofen, Lidoderm, and Ambien. The applicant was to discontinue OxyContin and embark upon a trial of fentanyl. Authorization was sought for a selective nerve root block at L5-S1.

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

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

**SNRB (selective nerve root block) at L5-S1: Upheld**

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

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

**Decision rationale:** The selective nerve root block is a form of epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injection should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant is off of work. The applicant's pain complaints remained heightened, in the 8-9/10 range, despite at least one earlier epidural steroid injection. It is further noted that the applicant's treating provider ultimately concluded that the epidural steroid injections in question were unsuccessful and that the applicant should therefore pursue a surgical remedy. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite at least one earlier selective nerve root block. Therefore, the request for repeat selective nerve root block (AKA epidural steroid injection) is likewise not medically necessary.

**Cymbalta 60mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and nor-epinephrine reuptake inhibitors Page(s): 15, 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta section Page(s): 15; 7.

**Decision rationale:** While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta is used off labeled for radiculopathy, the diagnosis reportedly present here, this recommendation is qualified by commentary 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, the applicant is off of work. The applicant continues to report 8-9/10 pain, despite ongoing usage of Cymbalta and other medications. The applicant remains highly reliant and highly dependent on numerous opioid drugs, despite introduction and ongoing usage of Cymbalta. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Lyrica 50mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 19, 20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic Page(s): 99; 7.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is a first-line treatment for neuropathic pain, as is present here. 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 continues to report 8-9/10 pain, despite ongoing usage of Lyrica and other medications. The applicant is off of work. The applicant is having difficulty performing even basic activities of daily living. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS, despite ongoing Lyrica usage. Therefore, the request is not medically necessary.

**Fentanyl 25ugm, #10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic topic Page(s): 44.

**Decision rationale:** This request, in contrast to the other request, is a first-time request for fentanyl patches. While page 44 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Duragesic or fentanyl is not recommended as a first-line therapy, in this case, however, the applicant has tried and failed numerous first, second, and third-line therapies, both opioid, and non-opioid. A trial of fentanyl is therefore indicated to try and combat the applicant's ongoing pain complaints. Accordingly, the request is medically necessary.