

<b>Case Number:</b>	CM14-0094677		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/11/2005
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Illinois. 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 54-year-old female who reported an injury on 07/11/2005. The mechanism of injury was not provided. Her diagnoses include chronic pain syndrome, severe bilateral carpal tunnel syndrome, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, scapulargia, unspecified myalgia and myositis and cervical facet joint pain. Past treatments included heat, ice, gentle stretching and exercises. The injured worker had diagnostic studies which included cervical MRI on 12/20/2011 which showed slight anterolisthesis, small 1 mm disc osteophyte complex at C2-3, at C3-4 a 2 mm protrusion. Central foraminal canals were patent. At C4-5, a 2mm protrusion was noted and mild to moderate central canal narrowing is a result, C5-6, a series of small 1-2 mm annular bulges, C6-7 and C7-T1 were unremarkable. An EMG/NCS on 03/04/2013 showed ongoing medial neuropathies at the wrists bilaterally, moderate carpal tunnel syndrome which was the same as in 11/2011 study and she also showed mild left carpal tunnel syndrome, which was increased from the borderline. No signs of cervical radiculopathy or brachioplexopathy were seen. No surgical history was provided. On 06/07/2014, the injured worker complained of neck pain, bilateral shoulder pain radiating to the arms and headaches. The pain level is an 8/10 to 9/10, with medications. Pain had gotten worse since the last visit due to the strain. She was having 5 to 7 severe headaches weekly. The injured worker would wake several times per night with severe aching neck pain and both arms completely numb. The injured worker stated she wanted oral medications decreased and would like topical medications increased due to experiencing gastrointestinal irritation and swelling. Cervical flexion, extension and rotation were restricted. There was moderate diffuse tenderness to palpation of trapezius and bilateral upper arms. There was a positive Spurling's test and Dysesthesia of the ulnar forearms and hands including 4th and 5th fingers bilaterally. Decreased grip strength of both hands. Positive Phalen's sign elicits palm

from fingertips to up arms to neck and both bilateral trapezii and scapulas. Positive Tinel's over both bilateral carpal and bilateral cubical tunnels. Medications included Omeprazole, Vicodin, and Voltaren gel. Medications prescribed that day included Lyrica 50 mg sample 1 daily, increase to 3 times a day if tolerated and helpful, Lidoderm 5 mg patch, apply every other day, for complaints of brachial radiculopathy) #60, Vicodin 5/300 mg, 1 twice a day as needed for pain. The request is for cervical epidural steroid injections C4-5 and C5-6, Vicodin 5/300 mg #60 refills x3 prescribed 06/07/2014, Lidoderm patch 5% #60, refills x3 prescribed 06/07/2014, Vicodin and Ultram gel 2 grams #2 refills prescribed 06/07/2014, and Prilosec 20 mg #60 refills x3 prescribed 06/07/2014. The rationale was not provided. The Request for Authorization is dated 06/07/2014.

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

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

#### **Cervical Epidural Steroid Injection C4-5, C5-56: 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 injections Page(s): 46.

**Decision rationale:** The injured worker had a history of neck pain, bilateral shoulder pain radiating to the arms and headaches. The CA MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient should have been initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. The injured worker was noted to have findings consistent with radiculopathy on physical examination however the noted deficits were not consistent with a C4-C6 distribution, but are consistent with her bilateral carpal tunnel syndrome. There was no significant evidence of cervical radiculopathy noted the EMG and the MRI findings showed no neural foraminal narrowing or nerve root involvement. There was also lack of documentation of conservative treatment, including an adequate course of physical therapy for the cervical spine. In the absence of radiculopathy documented on physical exam and corroborated by diagnostic testing, and evidence of an adequate trial of conservative treatment, the request is not supported. As such, the request for Cervical Epidural Steroid Injection C4-5, C5-56 is not medically necessary.

#### **Vicodin 5-300mg #60, Refills x3, Prescribed 6/7/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab), page 51, and Opioids, criteria for use Page(s): 51, 78.

**Decision rationale:** The injured worker has a history of neck pain, bilateral shoulder pain radiating to the arms and headaches. Vicodin was prescribed on an as needed basis. The CA MTUS Guidelines indicate Hydrocodone is a semi-synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of documentation of functional improvement or efficacy due to said medication. There is lack of documentation of pain relief, functional improvement, side effects and drug related behaviors. In the absence of this documentation, the ongoing use of opioid medications is not supported by the guidelines. In addition, the request fails to provide a frequency. As such, the request for Vicodin 5-300mg #60, Refills x3, date of service 6/7/14 is not medically necessary.

**Lidoderm Patch 5% #60, Refills x3, Prescribed 6/7/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm.

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

**Decision rationale:** The injured worker has a history of neck pain, bilateral shoulder pain radiating to the arms and headaches. The CA MTUS Guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a Dermal Patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore, the combination of lidocaine with any other topical medication is not recommended. Generally topical medications are indicated for neuropathic pain after trials of oral medication have failed. The patient was given a trial of Lyrica. It is necessary to assess the patient's response to the trial of Lyrica. Topical medications are largely experimental in nature and there is limited evidence to support their efficacy and safety. Furthermore, the request failed to provide a frequency and instructions for use, including the body part the ointment is to be applied to. As such, the request for Lidoderm Patch 5% #60, refills x3 for date of service 6/7/14 is not medically necessary.

**Voltaren Gel 2gm #2, refills x2 date of service 6/7/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (Diclofenac).

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

**Decision rationale:** The injured worker has a history of neck pain, bilateral shoulder pain radiating to the arms and headaches. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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. Voltaren 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. There is a lack of documentation of a diagnosis of osteoarthritis. There was no documentation submitted showing a lack of response to first line of oral medications to support the topical use of Voltaren. Furthermore, the request failed to provide a frequency and instructions for use, including the body part the ointment is to be applied to. As such, the request for Voltaren Gel 2gm #2, refills x2 date of service 6/7/14 is not medically necessary.

**Prilosec 20mg #60, refills x3 date of service 6/7/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

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

**Decision rationale:** The injured worker had a history of neck pain, bilateral shoulder pain radiating to the arms and headaches. Prilosec is a proton pump inhibitors. The CA MTUS Guidelines recommend the use of proton pump inhibitors in addition to oral NSAIDs if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The injured worker had a history of gastrointestinal irritation with prescribed medications however, as she was not noted to be utilizing oral NSAIDs, Prilosec is not supported. In addition, the frequency was not provided. As such, the request for Prilosec 20mg #60, refills x3 date of service 6/7/14 is not medically necessary.