



<b>Case Number:</b>	CM14-0097698		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 neck pain reportedly associated with an industrial injury of June 3, 2011. 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; earlier cervical fusion surgery; electrodiagnostic testing of October 19, 2012, suggestive of a bilateral C8 radiculitis and also suggestive of bilateral C6-C7 radiculopathy with associated denervation; unspecified amounts of physical therapy; and opioid therapy. In a utilization review report dated June 6, 2014, the claims administrator approved a request for Lyrica, denied a cervical epidural steroid injection, denied fentanyl patches, denied Norco, denied Norflex, and denied Protonix. The claims administrator stated that it was employing "ACOEM, ODG, and AMA" to deny the epidural steroid injection, despite the fact that the MTUS addresses the topic. The claims administrator stated that he was using guidelines from drugs.com to deny Duragesic, and further stated that he was using non-MTUS ODG Guidelines to deny Protonix, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a progress note dated July 18, 2014, the applicant reported persistent complaints of low back pain, 3-5/10. The applicant stated that the fentanyl patches were working well and allowing her to perform light cooking perform activities of self-care and personal hygiene such as showering, and visiting her grandmother. The applicant was reportedly sleeping better and denied any side effects with ongoing fentanyl patch usage. The attending provider stated that electrodiagnostic testing of October 2013 was notable for evidence of multilevel chronic radiculopathy. The applicant was apparently considering discography to determine whether or not the applicant should pursue further cervical spine surgery. Discography, epidural

steroid injection therapy, fentanyl, Norco, Lyrica, Norflex, and Protonix were endorsed. There was no mention of any issues with reflux, heartburn, and/or dyspepsia. The applicant did have 5-5 bilateral upper extremity strength testing; it was noted, with decreased sensorium about the bilateral upper extremities noted. On June 20, 2014, the applicant's primary treating provider stated that earlier CT myelography was not conclusive and that discography was therefore being pursued. The applicant was on Duragesic and reportedly stated that she was pleased with the current medication regimen, which also included Norco, Lyrica, Norflex, and Protonix. The applicant stated that her ability to lift, carry, grip, grasp, and hold books was diminished, but then stated that her ability to take showers, do light cooking, visit her grandmother, etc., was improved. The applicant stated that her overall pain score was a 3/10. On this occasion, once again, there was no mention of any issues with reflux, heartburn, or dyspepsia. Referral Questions: 1. Yes, the request for a C7-T1 epidural steroid injection is medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant apparently has electrodiagnostic corroboration of radiculopathy at various levels, including the level in question, C7-T1, and also has incomplete corroboration of radiculopathy noted on CT myelography, it has further been posited. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks and that, given the incompletely corroborated radiculopathy noted on CT myelography, the proposed epidural steroid injection could also potentially play a diagnostic role. For all the stated reasons, then, the request is medically necessary.

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

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

#### **C7-T1 Interlaminar Epidural Steroid Injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant apparently has electrodiagnostic corroboration of radiculopathy at various levels, including the level in question, C7-T1, and also has incomplete corroboration of radiculopathy noted on CT myelography, it has further been posited. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks and that, given the incompletely corroborated radiculopathy noted on CT myelography, the proposed epidural steroid injection could also potentially play a diagnostic role. For all the stated reasons, then, the request is medically necessary.

#### **Fentanyl Patch 25mcg/Hr For 72 Hours #10: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

**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 evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it does not appear that the applicant has returned to work, the attending provider did report that ongoing usage of fentanyl did diminish the applicant's pain level to the 3/10 range. The applicant's ability to perform some activities of daily living, including self-care, personal hygiene, socializing with family members, cooking, etc., was reportedly ameliorated through ongoing fentanyl usage. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Hydrocodone/APAP 5/325 #90:** Overturned

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

**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 evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it does not appear that the applicant has returned to work, the attending provider's documentation does suggest that the applicant is deriving appropriate analgesia from ongoing medication usage, including ongoing Hydrocodone - acetaminophen usage. The applicant's pain levels have dropped to the 3/10 range following introduction of the same, the attending provider posited. The applicant's ability to perform some activities of daily living, including cooking, household chores, socializing with family members, etc., has likewise reportedly been ameliorated with ongoing Hydrocodone - Acetaminophen usage, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Orphenadrine 100 Mg BID, #60:** Upheld

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

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

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Orphenadrine (Norflex) are recommended for short-term use purposes, to treat acute exacerbations of chronic low back pain. By implication, then, the long-term, chronic, and scheduled use of Norflex implied by the 60-tablet proposal is not recommended. Therefore, the request is not medically necessary.

**Pantoprazole 40mg PO QD, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as pantoprazole (Protonix) to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes cited above. Therefore, the request is not medically necessary.