

<b>Case Number:</b>	CM14-0098948		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old male who was injured on 12/31/2005. He was diagnosed with lumbar disc disease with bilateral radiculopathy, chronic neck pain with disc disease, left wrist ganglion cyst and triangular fibrocartilage ligament tear, shoulder impingement, right knee meniscus tear, medication induced gastritis, depression, anxiety, and difficulty sleeping. He was treated with surgery (lumbar, shoulder, wrist, knee), oral medications, epidural injections/intrathecal pump, and physical therapy. On 5/5/14, he was seen by his pain management physician for an intrathecal morphine infusion pump refill. He reported having continual low back pain with radiation down both legs at the level of 6/10 on the pain scale. He requested a higher dose of morphine and lumbar epidural steroid injections. The last lumbar epidural injection prior to this request was performed on 4/25/2013 which lasted a reported 2-4 weeks based on the documents provided (no pain levels documented afterwards). He also reported having right knee and left shoulder pain. He reported seeing a psychiatrist who is providing him with Celexa, and requested seeing psychologist due to his ongoing depression. Physical examination of the lumbar spine revealed tenderness, decreased range of motion, decreased strength of left leg/foot, straight leg raise positive, and decreased sensation along L5-S1 distribution. He was then recommended a lumbar epidural injection, an increased morphine dose, referral to a psychologist, and refills on his medications (Anaprox, Prilosec, Percocet, Ability, Halcion, and Xanax. He also was taking Neurontin and Lyrica which he didn't need refills on.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 therapeutic fluoroscopically guided Transforaminal Epidural Steroid Injection at S1 bilaterally: 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 MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two 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 one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, he had a previous lumbar epidural injection, however, his lasting benefit was reportedly only as long as 4 weeks at the longest, and there was no specific documentation of quantifiable pain reduction to show evidence of at least a 50% reduction in pain associated with that injection (from 4/25/13). Therefore, a repeat injection is not recommended based on MTUS criteria, and is therefore not medically necessary.

**1 prescription for Prilosec 20mg #60: 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 & cardiovascular risk, Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The worker in this case

had a reported medication-induced gastritis. He was taking Anaprox 550 mg twice daily, however, this isn't considered high doses, and there is no other evidence of him being at a higher risk for gastrointestinal events, according to the notes available for review. Therefore, the need for a proton pump inhibitor for chronic use is not warranted and the request for prilosec is not medically necessary.

**1 prescription for Xanax 0.5mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, the use of Xanax was clearly chronic intentionally, which is not recommended. Therefore, the request for Xanax is not medically necessary.

**1 prescription for Halcion 0.25mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, sedative hypnotics AND Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. The worker in this case had been using Halcion chronically leading up to this request for a refill, which is not recommended for this type of medication. There are other methods to help insomnia that may be used. Therefore, the request for Halcion is not medically necessary.