

<b>Case Number:</b>	CM13-0062855		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

60 year old male injured his lower back at work on 2 Oct 2001. The details of the injury was not available for review. He has been diagnosed as having lumbar degenerative disc disease, myofascial pain syndrome and lumbosacral spondylosis. Comorbid conditions include obesity (BMI 32.9). At the last provider visit available for review (1 Nov 2013) he complained of continued back pain (4/10) and left lower extremity radicular pain but his symptoms were controlled with present medications so that he was able to perform his activities of daily living. However, the pain relieving effect of Percocet lasts only 4 hr (he as on an every 6 hr schedule and would rather not take so much Tylenol even though he tolerates the Percocet without side effects). On exam he had decreased sensation to light touch of the left lower extremity in a L4 dermatomal distribution. Motor to lower extremitities was rated at full strength (5/5). No ancillary tests were available for review. Treatment has included epidural steroid injections (17 Jun 2013 gave 50% pain relief, 11 Dec 2013 gave 70% pain relief) and medications (Vicodin, Norco, Percocet, Neurontin, Robaxin). He presently is taking Percocet 10-325, Neurontin and Robaxin but his provider wants to add Lidoderm patch and Oxycodone 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal selective nerve root block with fluoroscopy under conscious sedation:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 309-10, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 39-40, 46. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. Source: <http://www.guideline.gov/content.aspx?id=45379#Section420>

**Decision rationale:** Transforaminal selective nerve root block is a specialized form of epidural steroid injection in that it injects the medication directly into the area of the isolated spinal nerve roots. This procedure is recommended when isolated lumbar nerve root irritation is more clearly suspected, at which point it can provide useful diagnostic information as well as deliver more specifically targeted steroid treatment. According to the American Society of Interventional Pain Physicians evidence for accuracy of diagnostic lumbar selective nerve root blocks is limited and diagnostic selective nerve root blocks are only recommended in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. The evidence for therapeutic transforaminal epidural injections, however, is good in managing disc herniation or radiculitis. In general, the MTUS considers epidural steroid injections an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendations is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection, note: rarely a third injection may be required. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. This patient does have evidence of disease, however, he has already had two epidural steroid injections and is presently very responsive to the conservative treatment being given. Medical necessity for this procedure has not been established.

**Robaxin 750 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 -6.

**Decision rationale:** Robaxin (methocarbamol) is a central-acting sedating muscle relaxant used to treat skeletal muscle spasms. This class of medications can be helpful in reducing pain and

muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on Robaxin therapy for over 2 weeks. Since there is no complaint of muscle spasms and documented effect from this medication that would suggest a need for chronic use there is no indication to continue its use. Medical necessity for this medication has not been established.

**Oxycodone 10mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

**Decision rationale:** Oxycodone-Acetaminophen (Percocet) is a mixed medication made up of the short acting, opioid, oxycodone, and acetaminophen, better known as tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg oxycodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120mg/day of oxycodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. There is incomplete documentation in the records available for review that the present provider is monitoring this patient appropriately in that no urine drug testing was available for review. However, no medication abuse behaviors or side effects have been noted by the provider and the medication actually improves function (improves activities of daily living). The primary problem with adding oxycodone to this patient's medication regimen is that combined with the patient's present use of Percocet the total morphine equivalent dosing would be 180 mg. The maximum safe morphine equivalent dose recommend by the MTUS is 120 mg per day. Medical necessity for continued use of this medication has not been established.

**Lidoderm 5% topical film, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-7, 111-13.

**Decision rationale:** Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. This patient has neuropathic pain and still is symptomatic on his present conservative therapeutic program. A trial of Lidoderm would be warranted at this point in the patient's treatment. Medical necessity has been established.