

<b>Case Number:</b>	CM14-0125336		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	05/25/2000
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 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:

According to the records made available for review, this is a 53-year-old male with a 5/25/00 date of injury. At the time (6/23/14) of request for authorization for Transforaminal ESI left L4-5, L5-6; Transforaminal ESI right L4-5, L5-6; Lyrica 75 mg 1 tid and 1 nightly at HS #120; Cyclobenzaprine 10mg 1 bid ; and Lorazepam 1mg 1 bid prn #60, there is documentation of subjective (low back pain) and objective (decreased lumbar range of motion, positive bilateral straight leg raising test, tenderness over the lumbosacral region, and hypoesthesia along the bilateral L4-5 dermatomes) findings, current diagnoses (chronic pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degeneration of lumbar/lumbosacral intervertebral disc, lumbago, spasm of muscle, and anxiety), and treatment to date (medications ( including ongoing treatment with Lyrica, Cyclobenzaprine, Norco, and Lorazepam) and previous epidural steroid injection (4/21/14)). Medical report identifies that previous epidural injection alleviates pain; and that Lyrica reduced the lower extremity pain and increased leg strength for driving, walking, and other physical activities. Regarding right and left epidural steroid injections, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Regarding Cyclobenzaprine 10mg 1 bid, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Lorazepam 1mg 1 bid prn #60, there is no documentation of short-term (up to 4 weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lorazepam use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Transforaminal ESI left L4-5, L5-6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degeneration of lumbar/lumbosacral intervertebral disc, lumbago, spasm of muscle, and anxiety. In addition, there is documentation of a previous epidural steroid injection. However, despite documentation that previous epidural injection alleviates pain, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal ESI left L4-5, L5-6 is not medically necessary.

### **Transforaminal ESI right L4-5, L5-6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degeneration of lumbar/lumbosacral intervertebral disc, lumbago, spasm of muscle, and anxiety. In addition, there is documentation of a previous epidural steroid injection. However, despite documentation that previous epidural

injection alleviates pain, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for Transforaminal ESI right L4-5, L5-6 is not medically necessary.

**Lyrica 75 mg 1 tid and 1 nightly at HS #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degeneration of lumbar/lumbosacral intervertebral disc, lumbago, spasm of muscle, and anxiety. In addition, there is documentation of neuropathic pain. Furthermore, given documentation that Lyrica reduced the lower extremity pain and increased leg strength for driving, walking, and other physical activities, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Lyrica use to date. Therefore, based on guidelines and a review of the evidence, the request for Lyrica 75 mg 1 tid and 1 nightly at HS #120 is medically necessary.

**Cyclobenzaprine 10mg 1 bid:** 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 (for pain) Page(s): 63 and 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of

diagnoses of chronic pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degeneration of lumbar/lumbosacral intervertebral disc, lumbago, spasm of muscle, and anxiety. Furthermore, given documentation of ongoing treatment with opioids, there is documentation of Cyclobenzaprine used as a second line agent. However, despite documentation of spasms, and given documentation of a 5/25/00 date of injury, there is no documentation of acute muscles spasms or acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10mg 1 bid is not medically necessary.

**Lorazepam 1mg 1 bid prn #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degeneration of lumbar/lumbosacral intervertebral disc, lumbago, spasm of muscle, and anxiety. However, given documentation of ongoing treatment with Lorazepam, there is no documentation of short-term (up to 4 weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lorazepam use to date. Therefore, based on guidelines and a review of the evidence, the request for Lorazepam 1mg 1 bid prn #60 is not medically necessary.