

<b>Case Number:</b>	CM14-0194711		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	11/05/1999
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 11/05/99. Based on the 11/24/14 progress report provided by treating physician, the patient complains of low back pain rated 8/10 that radiates to her legs. Physical examination to the lumbar spine revealed tenderness to palpation to the lumbar paraspinals. Range of motion was limited in all planes. Treater states in progress report dated 02/07/14 that "lumbar epidural steroid injection was not technically successful. The patient developed temporary numbness of her pelvis and legs. It caused severe headache as well. She has recovered, but reports no improvement of her low back symptoms." Per progress report dated 11/24/14, patient states that medications help her get through the day, and denies side effects or aberrant behavior. Norco was prescribed in Request for Authorization form dated 02/27/14. Topamax is prescribed for migraine prophylaxis. Patient has neck pain, increased headaches and "Botox injections stopped helping as well as before." Zomig nasal spray is to be taken "as needed for migraine attack." Ambien is prescribed for insomnia. Flexeril is prescribed for muscle spasms. Topamax, Zomig, Ambien and Flexeril have been prescribed in progress reports dated 02/07/14 and 11/24/14. Patient continues with home exercise program and yoga. Regarding the request for Functional Restoration Program, per progress report dated 11/10/14, treater states that "patient did meet all criteria, including fully exhausted all other chronic pain treatments. The patient did fail home therapy including yoga. She is not a surgical candidate. She tries to take as less medications as possible. Her functioning is very limited. She cannot sit, stand or walk longer than 15 minutes. She works part time as a realtor and does her computer part of work in a bed. She is very motivated to get better and work full time." Per progress report dated 11/24/14, treater states that "lumbar surgery is still in consideration. The patient wants to postpone the surgery as long as she can." MRI of the Lumbar Spine 11/26/13,

per 11/24/14 progress report: 1) L2-3 moderate spinal stenosis and moderately severe foraminal stenosis, 2) L3-4 complete fusion, 3) L4-5 degenerative changes, mild to moderate spinal stenosis and moderate foraminal stenosis, 4) L5-S1 fusion, foraminal narrowing. MRI of the Cervical Spine 06/26/13, per 02/07/14 progress report: C5-6 and C6-7 degenerative disc disease, mild facet arthropathy and foraminal narrowing, left greater than right. Diagnosis 02/07/14: 1) low back pain -flare up, 2) chronic pain syndrome, 3) status post global fusion, 4) right lumbar radiculopathy, 5) lumbar degenerative disc disease, 6) L2-3, L3-4 spinal stenosis, 7) chronic bilateral knee pain, 8) chronic migraine headaches, 9) cervical degenerative disc disease, 10) cervical facet joint disease. Diagnosis 11/24/14: 1) chronic pain syndrome, 2) lumbar post-laminectomy syndrome, 3) lumbar radiculopathy, 4) degeneration of lumbar intervertebral disc, 5) spinal stenosis of lumbar region, 6) degeneration of cervical intervertebral disc, 7) arthropathy of cervical spine facet joint, 8) migraine. The utilization review determination being challenged is dated 11/20/14. Treatment reports were provided from 01/22/14 - 11/24/14.

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

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

**One comprehensive multidisciplinary sessions for APM- FRP (functional restoration program):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 30-32.

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates to her legs. The request is for One Comprehensive Multidisciplinary Sessions for Apm-Frp (Functional Restoration Program). MRI of the Lumbar Spine dated 11/26/13, per 11/24/14 progress report reveals "L5-S1 fusion, foraminal narrowing." Patient's diagnosis on 11/24/14 included chronic pain syndrome, lumbar post-laminectomy syndrome, lumbar radiculopathy, degeneration of lumbar intervertebral disc and chronic migraine. Topamax, Zomig, Ambien and Flexeril have been prescribed in progress reports dated 02/07/14 and 11/24/14. Patient continues with home exercise program and yoga. Per progress report dated 11/24/14, patient states that medications help her get through the day, and denies side effects or aberrant behavior. Norco was prescribed in Request for Authorization form dated 02/27/14. MTUS Guidelines page 30 to 32 recommends Functional Restoration Programs when all of the following criteria are met including: (1) Adequate and thorough evaluation has been made; (2) previous method of treating chronic pain had been unsuccessful; (3) significant loss of ability to function independently resulting in chronic pain; (4) not a candidate for surgery; (5) exhibits motivation to change; (6) negative predictor of success has been addressed, etc. The supporting document for FRP is based on Chronic Pain Medical Treatment Guidelines. The guidelines specifically state that FRP is recommended for patients with chronic disabling, occupational and musculoskeletal condition." MTUS guidelines do recommend functional restoration programs. There are 6 criteria that must be met to be recommended for FRP. Per progress report dated 11/10/14, treater states that "patient did meet all criteria, including fully exhausted all other chronic pain treatments. The

patient did fail home therapy including yoga. She is not a surgical candidate. She tries to take as less medications as possible. Her functioning is very limited. She cannot sit, stand or walk longer than 15 minutes. She works part time as a realtor and does her computer part of work in a bed. She is very motivated to get better and work full time." It would appear that the patient satisfies most of the criteria for FRP. Per progress report dated 11/24/14, treater states that "lumbar surgery is still in consideration. The patient wants to postpone the surgery as long as she can." It does not appear that the patient is to undergo surgery anytime soon. The requested one session of multidisciplinary session is medically necessary.

**Prescription of Topamax 75mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic drugs for chronic pain Page(s): 16, 17.

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates to her legs. The request is for Prescription of Topamax 75mg. MRI of the Lumbar Spine dated 11/26/13, per 11/24/14 progress report reveals "L5-S1 fusion, foraminal narrowing." Patient's diagnosis on 11/24/14 included chronic pain syndrome, lumbar post-laminectomy syndrome, lumbar radiculopathy, degeneration of lumbar intervertebral disc and chronic migraine. Topamax, Zomig, Ambien and Flexeril have been prescribed in progress reports dated 02/07/14 and 11/24/14. Patient continues with home exercise program and yoga. Per progress report dated 11/24/14, patient states that medications help her get through the day, and denies side effects or aberrant behavior. Norco was prescribed in Request for Authorization form dated 02/27/14. Patient is working part-time as a realtor. MTUS Guidelines page 21, "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Per progress report dated 11/24/14, Topamax is prescribed for migraine prophylaxis, and review of reports indicates that the patient has neuropathic pain. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. However, the treater does not mention that this medication is working. There is no documentation of pain and functional improvement with the use of Topamax. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Furthermore, there is no evidence that the patient has failed treatment with other anticonvulsants. The request does not meet MTUS criteria; therefore it is not medically necessary.

**Prescription of Zomig 5mg, #12: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptan

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates to her legs. The request is for Prescription of Zomig 5mg, #12. MRI of the Lumbar Spine dated 11/26/13, per 11/24/14 progress report reveals "L5-S1 fusion, foraminal narrowing." Patient's diagnosis on 11/24/14 included chronic pain syndrome, lumbar post-laminectomy syndrome, lumbar radiculopathy, degeneration of lumbar intervertebral disc and chronic migraine. Topamax, Zomig, Ambien and Flexeril have been prescribed in progress reports dated 02/07/14 and 11/24/14. Patient continues with home exercise program and yoga. Per progress report dated 11/24/14, patient states that medications help her get through the day, and denies side effects or aberrant behavior. Norco was prescribed in Request for Authorization form dated 02/27/14. Patient is working part-time as a realtor. ODG guidelines have the following regarding Triptans for headaches: ODG Guidelines, Head chapter, Triptan: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated." Per progress report dated 11/24/14, Zomig nasal spray is to be taken "as needed for migraine attack." Patient has been diagnosed with migraine in progress reports dated 02/07/14 and 11/24/14. In this case, the patient does present with a diagnosis of migraines. The request meets guideline indication, therefore it is medically necessary.

#### **Prescription of Ambien 5mg: 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) Ambien Insomnia treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain (Chronic) Chapter, Zolpidem (Ambien)

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates to her legs. The request is for Prescription of Ambien 5mg. MRI of the Lumbar Spine dated 11/26/13, per 11/24/14 progress report reveals "L5-S1 fusion, foraminal narrowing." Patient's diagnosis on 11/24/14 included chronic pain syndrome, lumbar post-laminectomy syndrome, lumbar radiculopathy, degeneration of lumbar intervertebral disc and chronic migraine. Topamax, Zomig, Ambien and Flexeril have been prescribed in progress reports dated 02/07/14 and 11/24/14. Patient continues with home exercise program and yoga. Per progress report dated 11/24/14, patient states that medications help her get through the day, and denies side effects or aberrant behavior. Norco was prescribed in Request for Authorization form dated 02/27/14. Patient is working part-time as a realtor. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic,

which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Per treater report dated 11/24/14, Ambien is prescribed for insomnia. MTUS recommends Ambien only for a short period of 7-10 days. The medication has been prescribed for 9 months, based on progress report prescriptions dated 02/07/14 and 11/24/14. Therefore the request is not medically necessary.

**Prescription of Flexeril 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates to her legs. The request is for Prescription of Flexeril 7.5mg. MRI of the Lumbar Spine dated 11/26/13, per 11/24/14 progress report reveals "L5-S1 fusion, foraminal narrowing." Patient's diagnosis on 11/24/14 included chronic pain syndrome, lumbar post-laminectomy syndrome, lumbar radiculopathy, degeneration of lumbar intervertebral disc and chronic migraine. Topamax, Zomig, Ambien and Flexeril have been prescribed in progress reports dated 02/07/14 and 11/24/14. Patient continues with home exercise program and yoga. Per progress report dated 11/24/14, patient states that medications help her get through the day, and denies side effects or aberrant behavior. Norco was prescribed in Request for Authorization form dated 02/27/14. Patient is working part-time as a realtor. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 11/24/14, Flexeril is prescribed for muscle spasms. Patient has been prescribed Flexeril since progress report dated 07/17/14, which is more than 3 months from UR date of 10/31/14. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The medication has been prescribed for 9 months, based on progress report prescriptions dated 02/07/14 and 11/24/14. Therefore the request is not medically necessary.

**One repeat lumbar epidural S1 intraforaminal steroid injection: 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 (ESIs) Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** The patient presents with low back pain rated 8/10 that radiates to her legs. The request is for One Repeat Lumbar Epidural S1 Intraforaminal Steroid Injection. MRI of the Lumbar Spine dated 11/26/13, per 11/24/14 progress report reveals "L5-S1 fusion, foraminal narrowing." Patient's diagnosis on 11/24/14 included chronic pain syndrome, lumbar radiculopathy, degeneration of lumbar intervertebral disc and chronic migraine. Topamax, Zomig, Ambien and Flexeril have been prescribed in progress reports dated 02/07/14 and 11/24/14. Patient continues with home exercise program and yoga. Per progress report dated 11/24/14, patient states that medications help her get through the day, and denies side effects or aberrant behavior. Norco was prescribed in Request for Authorization form dated 02/27/14. Patient is working part-time as a realtor. MTUS Guidelines, pages 46-47, Chronic Pain Medical Treatment Guidelines: Epidural steroid injections (ESIs): "Criteria for the use of Epidural steroid injections: 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. (Manchikanti, 2003)" ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Treater has not provided reason for the request. Physical examination to the lumbar spine on 11/24/14 revealed tenderness to palpation to the lumbar paraspinals, and limited range of motion in all planes. Provider has documented radicular symptoms, however they are not supported by examination findings. Treater states in progress report dated 02/07/14 that "lumbar epidural steroid injection was not technically successful... the patient developed temporary numbness of her pelvis and legs. It caused severe headache as well. She has recovered, but reports no improvement of her low back symptoms." MTUS requires "least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. Furthermore, patient is status post lumbar post-laminectomy syndrome, date unspecified; and ODG does not recommend postoperative lumbar ESI. The request does not meet guideline indications. Therefore the request is not medically necessary.