

<b>Case Number:</b>	CM14-0196760		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/10/1998
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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, has a subspecialty in Preventive 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, chronic mid back pain, headaches, and shoulder pain reportedly associated with an industrial injury of August 10, 1998. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve request for metaxalone, Lyrica, tramadol, Soma, and multilevel cervical fact blocks. The claims administrator's rationale was convoluted, difficult to follow, and was, in large part, reprisal of historical Utilization Review Report. The claims administrator stated that some of the medications were being partially approved for weaning or tapering purposes. A September 3, 2014 office visit was cited in the denial. In a progress note dated November 4, 2014, the applicant reported ongoing complaints of neck pain and headaches. The applicant was also reporting cervicogenic headaches, versus migraine headaches. The applicant's medication list included Soma, tramadol, Lyrica, and Skelaxin. The applicant's pain symptoms were essentially unchanged. The attending provider stated that the applicant had issues with diminished grip strength, difficulty driving, and difficulty opening jars. The attending provider posited that pregabalin was most effective in ameliorating the applicant's upper extremity symptomatology. The applicant was given diagnosis of cervical radiculopathy, cervical degenerative disk disease, thoracic back pain, cervical facet arthrosis, and myofascial pain. Facet blocks were sought. The attending provider stated at the bottom of the report that the pain medications were allowing some restoration of function. This was not elaborated or expounded upon to any great degree, with the exception of the attending provider's commentary to the effect that the applicant's left upper extremity symptoms were ameliorating following introduction of Lyrica. The applicant's work status was not provided. In a September 13, 2013 progress note, the applicant reported ongoing complaints of neck and left upper extremity pain, 7-8/10 with medications versus 10/10 without

medications. The attending provider posited that the applicant had had some benefit from cervical epidural steroid injections some several years prior. The applicant was using Soma on a nightly basis, tramadol up to three times a day, Lyrica, and Skelaxin (metaxalone), it was stated. The applicant exhibited hypoesthesias about the left arm with diminished grip strength about the left side. The applicant stated that pain was interfering with her ability to perform activities of daily living and overall level of function. The attending provider stated that the applicant's chronic pain medications were keeping her pain complaints within manageable level allowing her to drive and walk, somewhat incongruously, in another section of the note. Skelaxin, Lyrica, and Flexeril were renewed at the bottom of the report. Cervical facet blocks were sought. The applicant was given diagnoses which included cervical spondylosis, chronic pain syndrome, degenerative disk disease of the cervical spine, muscle spasms, brachial neuritis, radiculitis, myalgias, dysesthesias, facetogenic pain, and migraines.

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

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

**Metaxalone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section; Muscle Relaxants topic Page(.

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Skelaxin are recommended for short-term use purposes, for acute exacerbations of chronic low back pain, in this case, however, the attending provider has seemingly suggested on several occasions, referenced above, that the applicant has been using metaxalone (Skelaxin) on a daily basis, for a minimum of several months. Such usage, however, runs counter to page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of medications. In this case, however, the attending provider has not clearly outlined why two separate muscle relaxants, "Soma and metaxalone" are being provided on a daily basis. Therefore, the request was not medically necessary.

**Lyrica:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanism section; Pregabalin topic Page(s): 3,.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, pregabalin or Lyrica is considered the first-line treatment for neuropathic pain. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by burning, lancinating, and/or electric like symptoms, as are present here. The attending provider has posited that ongoing usage of Lyrica has attenuated the applicant's left upper extremity radicular complaints and ameliorated the applicant's ability to grip, grasp, and drive. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Tramadol:** 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 the applicant's work status has not been documented from visit to visit, the attending provider's progress note of September 13, 2014 did suggest that the applicant's pain complaints were reduced from 10/10 without medications to 7-8/10 with medications and ongoing usage of medications, including tramadol, were ameliorating the applicant's ability to drive, walk, grip, grasp, and work, moreover, allowing some partial restoration of function. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Soma with 3 refills:** 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 Functional Restoration Approach to Chronic Pain Management section; Carisoprodol topic Page(s):.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic, long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was/is concurrently using tramadol, an opioid agent. The three-refill supply of Soma at issue implies chronic, long-term, and/or daily usage, as was suggested on several of the attending provider's progress notes. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider has not outlined compelling rationale for provision of two separate muscle relaxants, namely metaxalone and Soma. Therefore, the request was not medically necessary.

**Bilateral C5, C6, C7 Facet Block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Table 8-8 - 181.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections, the article at issue here, are deemed "not recommended." While ACOEM Chapter 8, page 174 does qualify this overall and favorable recommendation by noting that cervical facet injections may have some limited role as diagnostic measures prior to pursuit of more definitive radiofrequency neurotomy procedures, in this case, however, it did not appear that the applicant carries a primary diagnosis of facetogenic pain for which facet blocks are indicated. Rather, it appears that the applicant's primary operating diagnosis is cervical radiculopathy with ongoing complaints of neck pain radiating into the left arm. The request for facet blocks, thus, is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as owing to the considerable lack of diagnostic clarity present here. Accordingly, the request is not medically necessary.