

<b>Case Number:</b>	CM15-0100823		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	09/30/1998
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 54 year old female who reported an industrial injury on 9/30/1998. Her diagnoses, and/or impressions, are noted to include: right hip pain; right lumbar radiculopathy; lumbar facet arthropathy; lumbar degenerated disc disease; and sprain/strain of the lumbosacral spine. No current imaging studies are noted. Her treatments have included medication management with urine toxicology screenings - consistent, and continued medication adjustments; and rest from work. The progress notes of 1/13/2015 noted a follow-up visit with complaints of constant, mild-moderate lumbar pain and bilateral sciatica, right > left, that radiated into the lower extremities, right > left, associated with electrical shooting, burning, spasms, numbness, tingling, throbbing, aggravated by cold and activities, and alleviated by heat, activity, medication and massage. Objective findings were noted to include no acute distress; tenderness and spasms over the lumbar facets that is with increased pain upon extension and is with positive straight leg raise; an antalgic gait with hypolordotic posture; and decreased strength and sensation to the right lower extremity. The physician's requests for treatments were noted to include a fluoroscopic guided right lumbar transforaminal epidural steroid injection procedure, and the continuation of Cyclobenzaprine, Fentanyl and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #60: 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 Cyclobenzaprine (Flexeril), Muscle relaxant Page(s): 41, 63.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1998 and continues to be treated for radiating low back pain. When seen, pain was rated at 3-9/10. There was decreased right lower extremity strength and sensation with positive straight leg raising. Medications being prescribed include Norco and Fentanyl at a total MED (morphine equivalent dose) of 100 mg per day. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.

**Fentanyl 25mcg #10: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1998 and continues to be treated for radiating low back pain. When seen, pain was rated at 3-9/10. There was decreased right lower extremity strength and sensation with positive straight leg raising. Medications being prescribed include Norco and Fentanyl at a total MED (morphine equivalent dose) of 100 mg per day. Fentanyl is a sustained release opioid used for baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, no documentation was provided that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Fentanyl was not medically necessary.

**Norco 10/325 #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86.

**Decision rationale:** The claimant sustained a work-related injury in September 1998 and continues to be treated for radiating low back pain. When seen, pain was rated at 3-9/10. There was decreased right lower extremity strength and sensation and positive straight leg raising. Medications being prescribed included Norco and Fentanyl at a total MED (morphine equivalent dose) of 100 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and The total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Right lumbar TF ESI w/ Fluoroscopic guidance L3-L4, L4-L5, Anesthesia w/ Xrays:**  
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 Criteria for the use of Epidural steroid injections Page(s): 46.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1998 and continues to be treated for radiating low back pain. When seen, pain was rated at 3-9/10. There was decreased right lower extremity strength and sensation with positive straight leg raising. Medications being prescribed include Norco and Fentanyl at a total MED (morphine equivalent dose) of 100 mg per day. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased right lower extremity strength and sensation with positive neural tension signs. However, no imaging or electrodiagnostic result was provided. Therefore, the request cannot be accepted as being medically necessary.