

<b>Case Number:</b>	CM15-0106485		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: California, Massachusetts

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:

The injured worker is a 59 year old male, who sustained an industrial injury on 6/05/2002. Diagnoses include lumbar radiculopathy, spinal/lumbar degenerative disc disease, mood disorder, cervical pain and post cervical laminectomy syndrome. Treatment to date has included surgical intervention (C4-7 fusion on 5/09/2004) and neck surgery (undated), diagnostics, multiple lumbar epidural steroid injections, lumbar medial branch radiofrequency neurotomy, lumbar facet joint injection, bracing, aqua therapy, and medications including Bio freeze gel, Colace, Cyclobenzaprine, Nexium, Bisacodyl, Miralax, Lyrica, Polyethylene Glycol, Hydrochlorothiazide, Lisinopril and Simvastatin. An ESI injection was performed on 3/13/15 at L5-S1 with a reported 65 percent improvement of pain relief on 4/8/15 clinic note. Per the Primary Treating Physician's Progress Report dated 5/06/2015, the injured worker reported back pain radiating from the low back down both legs and bilateral shoulder pain. Pain has increased since last visit. Pain is rated as 5/10 with medications and 9/10 without medications. Physical examination revealed an antalgic gait. Cervical spine examination revealed restricted range of motion. There was spasm, tenderness and tight muscle band of the paravertebral muscles. There was spinous process tenderness at C6 and C7 and the paracervical muscles and trapezius. Lumbar spine evaluation revealed loss of normal lordosis with straightening. There was restricted range of motion. Upon palpation paravertebral muscles, spasm, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation). There was crepitus noted with active movement of both knees and tenderness to palpation over the lateral joint line, medial joint line and patella. The plan of care included

injections and medications and authorization was requested for Colace 10mg, Cyclobenzaprine 10mg, Lyrica 75mg, Nexium 40mg, Bisacodyl 5mg, Miralax and one lumbar epidural steroid injection.

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

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

#### **1 prescription of Biscodyl 5mg #15: 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), Opioid induced constipation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation.

**Decision rationale:** From the review of the provided records it appears that the IW is no longer being treated with opioids, as such continued use of anti-constipation medications for the previously experienced opioid induced constipation is not medically necessary at this time.

#### **1 prescription of Miralax #2: 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), Opioid induced constipation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation.

**Decision rationale:** From the review of the provided records it appears that the IW is no longer being treated with opioids, as such continued use of anti-constipation medications for the previously experienced opioid induced constipation is not medically necessary at this time.

#### **1 prescription of Colace 100mg #60: 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), Opioid induced constipation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid induced constipation.

**Decision rationale:** From the review of the provided records it appears that the IW is no longer being treated with opioids, as such continued use of anti-constipation medications for the previously experienced opioid induced constipation is not medically necessary at this time.

**1 prescription of 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 Antispasmodics Page(s): 64-66.

**Decision rationale:** According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007), (Mens, 2005), (Van Tulder, 1998), (van Tulder, 2003), (van Tulder, 2006), (Schnitzer, 2004), (See, 2008). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time. The request is not medically necessary.

**1 lumbar epidural injection at L5-S1: Overturned**

**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 Injection Page(s): 46.

**Decision rationale:** According to MTUS, epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... based on the following criteria: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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." From my review of the records the IW has both subjective exam evidence and physical exam evidence of radiculopathy that has not improved with conservative therapy and would benefit from an epidural injection. A previous ESI at that level was performed on 3/13/15 and according to 4/8/15 clinic note there was greater than 50 percent pain relief (65 percent). Consequently the requested epidural steroid injection is medically necessary.