

Case Number:	CM15-0130900		
Date Assigned:	08/17/2015	Date of Injury:	02/09/2007
Decision Date:	09/24/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who sustained a work related injury February 9, 2007. Her left leg went outward and her right leg twisted underneath, causing her to fall on her buttocks, experiencing immediate low back, and right knee pain with swelling. Past history included status post lumbar surgery October 2011 and left knee surgery March 11, 2015. According to a primary treating physician's progress report, dated May 19, 2015, the injured worker presented with complaints of low back pain, rated 6-7 out of 10, and bilateral leg pain. She reports pins and needles from the low back into her hips bilaterally and cramping in her right calf and feet bilaterally. She complains of aching pain in her neck and stabbing pain into her forehead with frequent headaches. There is numbness into her left hand and cramping into her left middle finger and occasional cramping into her right hand. Treatment to date is documented as 34 sessions of chiropractic therapy with significant relief, 24 sessions of physical therapy with significant relief, and 3 sessions of acupuncture. Current medication included Norco, Prilosec, Zanaflex, Pamelor, Ketoprofen cream, and Ultracet. Assessment is documented as chronic back pain status post lumbar surgery October, 2011; lumbar radiculitis; lumbar facet arthropathy; lumbar myofascial strain; lumbar stenosis; lumbar degenerative disc disease. Treatment plan included obtaining a urine specimen for drug analysis and at issue, a request for authorization for bilateral (TFESI) transforaminal epidural steroid injection at L5, CM4-Caps-Cyclo, continued follow-ups, Flector patch, retro urine drug screen date of service May 19, 2015, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral TFESI at L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46, 47.

Decision rationale: The patient presents with low back pain and bilateral leg pain. The request is for bilateral TFESI at L5. The request for authorization is dated 06/09/15. The patient is status post left knee surgery, 03/11/15. Status post lumbar surgery, 10/11/2011. EMG of the bilateral lower extremities, 06/19/14, shows abnormal study; electrodiagnostic study reveals evidence of left L4 radiculopathy; no electrodiagnostic evidence of focal nerve entrapment or generalized peripheral neuropathy affecting the lower limbs. CT of the lumbar spine, 08/26/14, shows degenerative disc disease and facet arthropathy with S-shaped thoracolumbar scoliosis and grade 1 anterolisthesis L5-S1; canal stenosis includes L4-L5 mild canal stenosis; neural foraminal narrowing includes L1-L2 mild left, L2-L3 moderate right, moderate to severe left, L3-L4 moderate to severe left, L4-L5 moderate to severe right, mild to moderate left, and L5-S1 moderate bilateral neural foraminal narrowing. Physical examination reveals straight leg raise negative bilaterally. Dermatomes C2-S2 intact to light touch and pinprick. Musculoskeletal strength 5/5. Full range of motion except lumbar extension. FABERS and Gaenslen's negative bilaterally. Right SI joint injection on 05/07/14 with moderate relief. Patient has had 34 sessions of chiropractic therapy - with significant relief. 24 physical therapy - with significant relief. 3 sessions of acupuncture. Patient's medications include Norco, Prilosec, Zanaflex, Pamelor, Ketoprofen Cream and Ultracet. Per progress report dated 05/18/15, the patient is permanent and stationary. MTUS page 46, 47 states that an ESI is "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." Per progress report dated, 05/19/15, treater's reason for the request is "for Lumbar Radiculopathy as clearly demonstrated with physical exam findings and MRI findings." Although "MRI findings" is mentioned by treater, no MRI study was actually provided in medical records for review. CT of the lumbar spine shows degenerative disc disease and facet arthropathy with S-shaped thoracolumbar scoliosis and grade 1 anterolisthesis L5-S1; canal stenosis includes L4-L5 mild canal stenosis; neural foraminal narrowing includes L4-L5 moderate to severe right, mild to moderate left, and L5-S1 moderate bilateral neural foraminal narrowing. However, physical examination reveals straight leg raise negative bilaterally. Dermatomes L2-S2 intact to light touch and pinprick. Musculoskeletal strength 5/5. Full range of motion except lumbar extension. FABERS and Gaenslen's negative bilaterally. In this case, the treater asks for Bilateral L5 injections but EMG showed L4 radiculopathy, with CT showing significant foraminal stenosis at L4-5 levels. The patient presents with diffuse pain down the leg

without dermatomal distribution of radicular pain. Exam was not helpful with a clear diagnosis of radiculopathy either. The request does not meet MTUS guidelines indication for TFESI. Therefore, the request is not medically necessary.

CM4 - Caps/Cyclo: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with low back pain and bilateral leg pain. The request is for CM4 - CAPS/CYCLO. The request for authorization is dated 06/09/15. The patient is status post left knee surgery, 03/11/15. Status post lumbar surgery, 10/11/2011. EMG of the bilateral lower extremities, 06/19/14, shows abnormal study; electrodiagnostic study reveals evidence of left L4 radiculopathy; no electrodiagnostic evidence of focal nerve entrapment or generalized peripheral neuropathy affecting the lower limbs. CT of the lumbar spine, 08/26/14, shows degenerative disc disease and facet arthropathy with S-shaped thoracolumbar scoliosis and grade 1 anterolisthesis L5-S1; canal stenosis includes L4-L5 mild canal stenosis; neural foraminal narrowing includes L1-L2 mild left, L2-L3 moderate right, moderate to severe left, L3-L4 moderate to severe left, L4-L5 moderate to severe right, mild to moderate left, and L5-S1 moderate bilateral neural foraminal narrowing. Physical examination reveals straight leg raise negative bilaterally. Dermatomes C2-S2 intact to light touch and pinprick. Musculoskeletal strength 5/5. Full range of motion except lumbar extension. FABERS and Gaenslen's negative bilaterally. Right SI joint injection on 05/07/14 with moderate relief. Patient has had 34 sessions of chiropractic therapy with significant relief. 24 physical therapy with significant relief. 3 sessions of acupuncture. Patient's medications include Norco, Prilosec, Zanaflex, Pamelor, Ketoprofen Cream and Ultracet. Per progress report dated 05/18/15, the patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." MTUS, pg 29, Capsaicin, topical, "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Treater does not specifically discuss this medication. This appears to be the initial trial prescription for CM4 - CAPS 0.05%/CYCLO 4%. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for

topical use. Additionally, MTUS does not recommend Capsaicin concentrations higher than 0.025% as it provides no further efficacy. Therefore, the request is not medically necessary.

Flector patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with low back pain and bilateral leg pain. The request is for Flector Patch #30. The request for authorization is dated 06/09/15. The patient is status post left knee surgery, 03/11/15. Status post lumbar surgery, 10/11/2011. EMG of the bilateral lower extremities, 06/19/14, shows abnormal study; electrodiagnostic study reveals evidence of left L4 radiculopathy; no electrodiagnostic evidence of focal nerve entrapment or generalized peripheral neuropathy affecting the lower limbs. CT of the lumbar spine, 08/26/14, shows degenerative disc disease and facet arthropathy with S-shaped thoracolumbar scoliosis and grade 1 anterolisthesis L5-S1; canal stenosis includes L4-L5 mild canal stenosis; neural foraminal narrowing includes L1-L2 mild left, L2-L3 moderate right, moderate to severe left, L3-L4 moderate to severe left, L4-L5 moderate to severe right, mild to moderate left, and L5-S1 moderate bilateral neural foraminal narrowing. Physical examination reveals straight leg raise negative bilaterally. Dermatomes C2-S2 intact to light touch and pinprick. Musculoskeletal strength 5/5. Full range of motion except lumbar extension. FABERS and Gaenslen's negative bilaterally. Right SI joint injection on 05/07/14 with moderate relief. Patient has had 34 sessions of chiropractic therapy with significant relief. 24 physical therapy with significant relief. 3 sessions of acupuncture. Patient's medications include Norco, Prilosec, Zanaflex, Pamelor, Ketoprofen Cream and Ultracet. Per progress report dated 05/18/15, the patient is permanent and stationary. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, Pain Chapter under Flector patch (diclofenac epolamine) states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." Per progress report dated 05/19/15, treater's reason for the request is "for use over paraspinals to help reduce the need for oral medications and the utilization of narcotics. In this case, treater does not discuss or document the patient with peripheral joint arthritis/tendinitis, for which a topical NSAID would be indicated. Additionally, ODG guidelines do not support the use of Flector beyond two weeks. The request for Flector Patch #30 would exceed what is recommended by ODG and does not meet guidelines indication. Therefore, the request is not medically necessary.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

Decision rationale: The patient presents with low back pain and bilateral leg pain. The request is for Zanaflex 4mg. The request for authorization is dated 06/09/15. The patient is status post left knee surgery, 03/11/15. Status post lumbar surgery, 10/11/2011. EMG of the bilateral lower extremities, 06/19/14, shows abnormal study; electrodiagnostic study reveals evidence of left L4 radiculopathy; no electrodiagnostic evidence of focal nerve entrapment or generalized peripheral neuropathy affecting the lower limbs. CT of the lumbar spine, 08/26/14, shows degenerative disc disease and facet arthropathy with S-shaped thoracolumbar scoliosis and grade 1 anterolisthesis L5-S1; canal stenosis includes L4-L5 mild canal stenosis; neural foraminal narrowing includes L1-L2 mild left, L2-L3 moderate right, moderate to severe left, L3-L4 moderate to severe left, L4-L5 moderate to severe right, mild to moderate left, and L5-S1 moderate bilateral neural foraminal narrowing. Physical examination reveals straight leg raise negative bilaterally. Dermatomes C2-S2 intact to light touch and pinprick. Musculoskeletal strength 5/5. Full range of motion except lumbar extension. FABERS and Gaenslen's negative bilaterally. Right SI joint injection on 05/07/14 with moderate relief. Patient has had 34 sessions of chiropractic therapy - with significant relief. 24 physical therapy with significant relief. 3 sessions of acupuncture. Patient's medications include Norco, Prilosec, Zanaflex, Pamelor, Ketoprofen Cream and Ultracet. Per progress report dated 05/18/15, the patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Antispasticity/Antispasmodic drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 05/19/15, treater's reason for the request is "for lumbar muscle pain." The patient is prescribed Zanaflex since at least 11/25/14. In this case, the treater does not document or discuss how pain is reduced and the patient as required by MTUS improves function. Additionally, per progress report dated 05/18/15, treater notes, "History of Treatment: Zanaflex 1 per night to help with her spasms, discontinued." Treater does not explain why it was discontinued and why it is requested again. Therefore, the request is not medically necessary.

Continued follow-ups: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: The patient presents with low back pain and bilateral leg pain. The request is for continued follow-ups. The request for authorization is dated 06/09/15. The patient is status post left knee surgery, 03/11/15. Status post lumbar surgery, 10/11/2011. EMG of the bilateral lower extremities, 06/19/14, shows abnormal study; electrodiagnostic study reveals evidence of left L4 radiculopathy; no electrodiagnostic evidence of focal nerve entrapment or generalized peripheral neuropathy affecting the lower limbs. CT of the lumbar spine, 08/26/14, shows degenerative disc disease and facet arthropathy with S-shaped thoracolumbar scoliosis and grade 1 anterolisthesis L5-S1; canal stenosis includes L4-L5 mild canal stenosis; neural foraminal narrowing includes L1-L2 mild left, L2-L3 moderate right, moderate to severe left, L3-L4 moderate to severe left, L4-L5 moderate to severe right, mild to moderate left, and L5-S1 moderate bilateral neural foraminal narrowing. Physical examination reveals straight leg raise negative bilaterally. Dermatomes C2-S2 intact to light touch and pinprick. Musculoskeletal strength 5/5. Full range of motion except lumbar extension. FABERS and Gaenslen's negative bilaterally. Right SI joint injection on 05/07/14 with moderate relief. Patient has had 34 sessions of chiropractic therapy with significant relief. 24 physical therapy with significant relief. 3 sessions of acupuncture. Patient's medications include Norco, Prilosec, Zanaflex, Pamelor, Ketoprofen Cream and Ultracet. Per progress report dated 05/18/15, the patient is permanent and stationary. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ODG-TWC Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Office visits Section states, "Recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Per request for authorization form dated 06/09/15, treater's reason for the request is "with [REDACTED] for treatment of depression." Patient's diagnoses include pain disorder predominantly due to back injury; depressive disorder; adjustment disorder with anxious mood. Treatment plan includes a cognitive and behavioral approach being taken to work with the patient's depression, chronic pain, anxiety and insomnia. ODG guidelines recommend office visits with the treating physician to review patient concerns, signs and symptoms. Therefore, the request is medically necessary.

Retro urine drug screen, DOS: 5/19/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

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, under Urine drug testing.

Decision rationale: The patient presents with low back pain and bilateral leg pain. The request is for retro urine drug screen, DOS: 5/19/15. The request for authorization is dated 06/09/15. The patient is status post left knee surgery, 03/11/15. Status post lumbar surgery, 10/11/2011. EMG of the bilateral lower extremities, 06/19/14, shows abnormal study; electrodiagnostic study reveals evidence of left L4 radiculopathy; no electrodiagnostic evidence of focal nerve

entrapment or generalized peripheral neuropathy affecting the lower limbs. CT of the lumbar spine, 08/26/14, shows degenerative disc disease and facet arthropathy with S-shaped thoracolumbar scoliosis and grade 1 anterolisthesis L5-S1; canal stenosis includes L4-L5 mild canal stenosis; neural foraminal narrowing includes L1-L2 mild left, L2-L3 moderate right, moderate to severe left, L3-L4 moderate to severe left, L4-L5 moderate to severe right, mild to moderate left, and L5-S1 moderate bilateral neural foraminal narrowing. Physical examination reveals straight leg raise negative bilaterally. Dermatomes C2-S2 intact to light touch and pinprick. Musculoskeletal strength 5/5. Full range of motion except lumbar extension. FABERS and Gaenslen's negative bilaterally. Right SI joint injection on 05/07/14 with moderate relief. Patient has had 34 sessions of chiropractic therapy - with significant relief. 24 physical therapy - with significant relief. 3 sessions of acupuncture. Patient's medications include Norco, Prilosec, Zanaflex, Pamelor, Ketoprofen Cream and Ultracet. Per progress report dated 05/18/15, the patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG-TWC Guidelines, Pain (Chronic) Chapter, under Urine drug testing (UDT) Section, provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient's prescription includes Norco and Ultracet, which are opioid pain medications. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.