MAXIMUS Federal Services

| Case Number: | CM15-0133704 | | |
|---|---|---|---|
| Date Assigned: | 07/21/2015 | Date of Injury: | 01/02/1980 |
| Decision Date: | 09/25/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/10/2015 |

## 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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 73-year-old female who reported an industrial injury on 1/2/1980. Her diagnoses, and or impression, were noted to include status-post multiple lumbar surgeries (lumbar laminectomy and fusion) with chronic back pain and intermittent radiation symptoms into the bilateral lower extremities, left > right; and placement of a spinal cord stimulator, 5 years prior. No current imaging studies were noted. Her treatments were noted to include use of cane; an ineffective implanted spinal cord stimulator that bothers her and is no longer charged due to no use x 2 years; medications management; and rest from work due to being retired. The progress notes of 6/24/2015 reported a 2-week follow-up visit for complaints of increased, radiating low back pain and burning into the left lower extremity, following hospitalization for a bout of pneumonia, and constantly lying down in bed; and that her spinal cord stimulator wires are hurting her and she wants it taken out. There are associated complaints of depression and chronic fatigue. Objective findings were noted to include an antalgic gait with the ability to ambulate without her cane; difficulty tip-toeing and heel walking; tenderness over the lumbar para-spinals, bilateral sacroiliac joints and bilateral sciatic notches, right > left, with restricted and painful lumbar spine range-of-motion and bilateral torsion; and positive left straight leg raise. The physician's requests for treatments were noted to include removal of her spinal cord stimulator; trigger point injections to the lumbar para-spinals; and the continuation of Norco, Oxycodone, Omeprazole and Zanaflex. The other medications listed are Gabapentin and Lidoderm patch.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trigger point injections over lumbar paraspinals (x2):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, and Low Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatment with medications and PT have failed. The records indicate that previous spinal cord stimulator was not effective in pain control. There is no documentation of positive palpable taut bands in the lumbar paraspinal muscles. There was documentation that Gabapentin was recently added to the medication regimen. The criteria for trigger points injection over lumbar paraspinal X2 was not medically necessary.

**Norco 10/325mg, #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, and Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non - opioid co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other medications. The records showed documentation of compliance and functional restoration with utilization of medications. The patient had previously failed surgery and interventional pain procedures. It was noted that the patient was recently started on Gabapentin, which have opioid sparing properties but can also cause sedation especially in the elderly. The continual utilization of multiple short acting opioid medications is not appropriate at this time. Therefore, the criteria for the use of one opioid medication as Norco 10/325mg #120 were medically necessary.

**Oxycodone/APaP 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, and Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non-opioid co-analgesics and PT have failed. The chronic use of high dose opioids can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other medications. The records showed documentation of compliance and functional restoration with utilization of medications. The patient had previously failed surgery and interventional pain procedures. It was noted that the patient was recently started on Gabapentin, which have opioid sparing properties but can also cause sedation especially in the elderly. The continual utilization of multiple short acting opioid medications is not appropriate at this time. Therefore, the criteria for the use of one opioid medication as Oxycodone/APAP 10/325mg #30 were not medically necessary.

**Omeprazole 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs related gastritis in the elderly and patients with history of gastrointestinal disease. The records indicate that this 73 year old is utilizing Omeprazole for the treatment of gastrointestinal symptoms. There is no adverse effect reported. The criteria for the use of Omeprazole 20mg #30 were medically necessary.

**Zanaflex 2mg (# Unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine, Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Tizanidine (Zanaflex, generic available) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants and antispasmodics can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The patient is utilizing opioids and Gabapentin

concurrently thereby increasing the risk of sedation for this elderly patient. There is no documentation of guidelines required LFT for chronic Zanaflex utilization. The criteria for chronic treatment with Zanaflex 2mg were not medically necessary.