

Case Number:	CM15-0143240		
Date Assigned:	08/04/2015	Date of Injury:	08/12/2003
Decision Date:	09/23/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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 67 year old female, who sustained an industrial injury on 08-12-2003. She has reported injury to the neck and low back. The diagnoses have included cervical spinal stenosis; cervical radiculopathy; lumbar radiculopathy; lumbar facet arthropathy; and coccyx fracture. Treatment to date has included medications, diagnostics, transforaminal epidural steroid injection, physical therapy, and home exercise program. Medications have included Norco, Tizanidine, Fioricet, Gabapentin, Lidocaine 5% ointment, and Omeprazole. A progress report from the treating provider, dated 06-22-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain that radiates down the bilateral upper extremities and bilaterally to the hands; the pain is accompanied by tingling and numbness; the pain is described as pins and needles and is aggravated by activity and walking; low back pain that radiates down the bilateral lower extremities; the pain is accompanied by numbness frequently in the bilateral lower extremities to the level of the feet; muscle weakness intermittently in the bilateral lower extremities; the pain is aggravated by activity, sitting, standing, and walking; she has frequent muscle spasms in the low back; ongoing occipital headaches; the pain is rated as 8 out of 10 in intensity on average with pain medication since the last visit; the pain is rated as 9 out of 10 in intensity on average without medications since the last visit; she reports 60% improvement in pain due to her medications; she has medication-associated gastrointestinal upset; and she has ongoing limitations with activities of daily living due to pain. Objective findings included observed to be in moderate distress; there is tenderness noted upon palpation at the bilateral paravertebral C4-6 area; cervical spine range of motion is

slightly to moderately limited; pain was significantly increased with flexion, extension, and rotation; sensory exam shows decreased touch sensation in the bilateral upper extremities and the affected dermatome is C4-6; axial compression was positive; there is spasm noted in the bilateral lumbar paraspinous musculature; tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels; lumbar spine range of motion was moderately limited secondary to pain; and pain was significantly increased with flexion and extension. The treatment plan has included the request for bilateral C4-6 cervical epidural under fluoroscopy; Omeprazole DR 30mg #30; Tizanidine 2mg #30; Norco 10-325mg #120; Lidocaine ointment #118; and Fioricet 50-325-40mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-6 cervical epidural under fluoroscopy: 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 ESI Page(s): 46, 47.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremity, low back pain radiating down the bilateral lower extremities, and ongoing occipital headaches rated 8/10 with and 9/10 without medications. The request is for BILATERAL C4-6 CERVICAL EPIDURAL UNDER FLUOROSCOPY. The request for authorization is dated 07/08/15. The patient is status post TESI bilateral L4-S1, 03/10/14. The patient reports good (50-80%) overall improvement for 2 months. Physical examination of the cervical spine reveals tenderness noted upon palpation at the bilateral paravertebral C4-6 area. Range of motion was slightly to moderately limited due to pain. Sensory examination shows decreased touch sensation in the bilateral upper extremities, and the affected dermatome is C4-5. Axial compression was positive. Exam of lumbar spine reveals spasm noted in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. Patient is to continue on-going home exercise program. The patient reports that the use of anti-seizure class, muscle relaxant, NSAID, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. The patient reports medication associated gastrointestinal upset. Patient's medications include Gabapentin, Omeprazole, Tizanidine, Norco. Lidocaine and Fioricet. Per progress report dated 06/22/15, the patient is retired. 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 06/22/15, treater's reason for the request is "Appeal non-certification of epidural steroid injection

based on the following: The patient has shown at least 50% pain relief from the prior epidural steroid injection for a duration of at least. The patient does show evidence of radiculopathy based on AMA guide's 5th edition. The patient's has a history, examination findings, and imaging findings that correlate for the medical necessity for this procedure. The patient is attempting to avoid surgery." However, provided interval history shows the patient is status post Transforaminal Epidural Steroid Injection bilateral L4-S1. No evidence of a prior Bilateral C4-6 Cervical Epidural injection. Nevertheless, MTUS requires documentation of radiculopathy by physical examination and corroborated by imaging studies. Physical examination of the cervical spine reveals tenderness noted upon palpation at the bilateral paravertebral C4-6 area. Range of motion was slightly to moderately limited due to pain. Sensory examination shows decreased touch sensation in the bilateral upper extremities, and the affected dermatome is C4-5. Axial compression was positive. Provided medical records show no imaging studies such as an MRI for review. In this case, radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. Given the lack of documentation required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

Omeprazole DR 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremity, low back pain radiating down the bilateral lower extremities, and ongoing occipital headaches rated 8/10 with and 9/10 without medications. The request is for OMEPRAZOLE DR 30MG #30. The request for authorization is dated 07/08/15. The patient is status post TESI bilateral L4-S1, 03/10/14. The patient reports good (50-80%) overall improvement for 2 months. Physical examination of the cervical spine reveals tenderness noted upon palpation at the bilateral paravertebral C4-6 area. Range of motion was slightly to moderately limited due to pain. Sensory examination shows decreased touch sensation in the bilateral upper extremities, and the affected dermatome is C4-5. Axial compression was positive. Exam of lumbar spine reveals spasm noted in the bilateral paraspinal musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. Patient is to continue on-going home exercise program. The patient reports that the use of anti-seizure class, muscle relaxant, NSAID, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. Patient's medications include Gabapentin, Omeprazole, Tizanidine, Norco, Lidocaine and Fioricet. Per progress report dated 06/22/15, the patient is retired. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to

a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 06/22/15, treater's reason for the request is "The patient reports medication associated gastrointestinal upset." Patient has been prescribed Omeprazole since at least 12/17/13. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss how the patient is doing and why she needs to continue. Furthermore, the patient is not taking any NSAIDs. The request does not meet MTUS guidelines indication. Therefore, the request IS NOT medically necessary.

Tizanidine 2mg #30: Overturned

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 Muscle Relaxants Page(s): 66.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremity, low back pain radiating down the bilateral lower extremities, and ongoing occipital headaches rated 8/10 with and 9/10 without medications. The request is for TIZANIDINE 2MG #30. The request for authorization is dated 07/08/15. The patient is status post TESI bilateral L4-S1, 03/10/14. The patient reports good (50-80%) overall improvement for 2 months. Physical examination of the cervical spine reveals tenderness noted upon palpation at the bilateral paravertebral C4-6 area. Range of motion was slightly to moderately limited due to pain. Sensory examination shows decreased touch sensation in the bilateral upper extremities, and the affected dermatome is C4-5. Axial compression was positive. Exam of lumbar spine reveals spasm noted in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. Patient is to continue on-going home exercise program. The patient reports that the use of anti-seizure class, muscle relaxant, NSAID, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. The patient reports medication associated gastrointestinal upset. Patient's medications include Gabapentin, Omeprazole, Tizanidine, Norco. Lidocaine and Fioricet. Per progress report dated 06/22/15, the patient is retired. 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 06/22/15, treater's reason for the request is "Beneficial with intended effect at prescribed dose." The patient has been prescribed Tizanidine since at least 12/17/13. In this case, the patient reports 60% improvement due to this therapy. Areas of functional improvement as a result of medication includes: combing/washing hair, doing laundry, sleeping, standing and washing dishes. Given the patient's chronic pain and documented improvements with Tizanidine, the request appears reasonable and within MTUS guidelines. Therefore, the request IS medically necessary.

Noro 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 Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremity, low back pain radiating down the bilateral lower extremities, and ongoing occipital headaches rated 8/10 with and 9/10 without medications. The request is for NORO 10-325MG #120. The request for authorization is dated 07/08/15. The patient is status post TESI bilateral L4-S1, 03/10/14. The patient reports good (50-80%) overall improvement for 2 months. Physical examination of the cervical spine reveals tenderness noted upon palpation at the bilateral paravertebral C4-6 area. Range of motion was slightly to moderately limited due to pain. Sensory examination shows decreased touch sensation in the bilateral upper extremities, and the affected dermatome is C4-5. Axial compression was positive. Exam of lumbar spine reveals spasm noted in the bilateral paraspinal musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. Patient is to continue on-going home exercise program. The patient reports that the use of anti-seizure class, muscle relaxant, NSAID, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. The patient reports medication associated gastrointestinal upset. Patient's medications include Gabapentin, Omeprazole, Tizanidine, Norco. Lidocaine and Fioricet. Per progress report dated 06/22/15, the patient is retired. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 06/22/15, treater's reason for the request is it "is an opiate analgesic proscribed for pain." Patient has been prescribed Norco since at least 12/17/13. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Areas of functional improvement as a result of medication includes: combing/washing hair, doing laundry, sleeping, standing and washing dishes. Analgesia is discussed, specifically showing pain reduction with use of Norco. There is documentation and discussion regarding adverse effects and aberrant drug behavior. A pain contract is on file and patient is monitored by periodic urinary drug testing and CURES reporting. Treater has adequately discussed and documented the 4As as required by MTUS guidelines. Therefore, the request IS medically necessary.

Lidocaine ointment #118: 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 neck pain radiating down bilateral upper extremity, low back pain radiating down the bilateral lower extremities, and ongoing occipital headaches rated 8/10 with and 9/10 without medications. The request is for LIDOCAINE OINTMENT #118. The request for authorization is dated 07/08/15. The patient is status post TESI bilateral L4-S1, 03/10/14. The patient reports good (50-80%) overall improvement for 2 months. Physical examination of the cervical spine reveals tenderness noted upon palpation at the bilateral paravertebral C4-6 area. Range of motion was slightly to moderately limited due to pain. Sensory examination shows decreased touch sensation in the bilateral upper extremities, and the affected dermatome is C4-5. Axial compression was positive. Exam of lumbar spine reveals spasm noted in the bilateral paraspinal musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. Patient is to continue on-going home exercise program. The patient reports that the use of anti-seizure class, muscle relaxant, NSAID, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. The patient reports medication associated gastrointestinal upset. Patient's medications include Gabapentin, Omeprazole, Tizanidine, Norco. Lidocaine and Fioricet. Per progress report dated 06/22/15, the patient is retired. 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. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per progress report dated 06/22/15, treater's reason for the request is "to manage peripheral neuropathic pain." Patient has been prescribed Lidocaine Ointment since at least 03/30/15. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS guidelines. Therefore, the request IS NOT medically necessary.

Fioricet 50-325-40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

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' Barbiturate-containing analgesic agents.

Decision rationale: The patient presents with neck pain radiating down bilateral upper extremity, low back pain radiating down the bilateral lower extremities, and ongoing occipital headaches rated 8/10 with and 9/10 without medications. The request is for FIORICET 50-325-40MG #60. The request for authorization is dated 07/08/15. The patient is status post TESI bilateral L4-S1, 03/10/14. The patient reports good (50-80%) overall improvement for 2 months. Physical examination of the cervical spine reveals tenderness noted upon palpation at the bilateral paravertebral C4-6 area. Range of motion was slightly to moderately limited due to pain. Sensory examination shows decreased touch sensation in the bilateral upper extremities, and the affected dermatome is C4-5. Axial compression was positive. Exam of lumbar spine reveals spasm noted in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. Range of motion was moderately limited secondary to pain. Patient is to continue on-going home exercise program. The patient reports that the use of anti-seizure class, muscle relaxant, NSAID, opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. The patient reports medication associated gastrointestinal upset. Patient's medications include Gabapentin, Omeprazole, Tizanidine, Norco. Lidocaine and Fioricet. Per progress report dated 06/22/15, the patient is retired. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)', states that Fioricet is "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates." Per progress report dated 06/22/15, treater's reason for the request is "Beneficial with intended effect at prescribed dose." Patient has been prescribed Fioricet since at least 12/17/13. In this case, the patient continues to suffer from neck and low back pain with ongoing headaches. However, ODG guidelines do not recommend Barbiturate-containing analgesics for chronic pain. This request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.