

<b>Case Number:</b>	CM15-0147251		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/23/2007
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 50 year old male, who sustained an industrial injury on April 23, 2007, incurring low back injuries. He was diagnosed with lumbar disc disease with disc herniation and spinal stenosis. Treatment included anti-inflammatory drugs, muscle relaxants, neuropathic medications, topical analgesic ointment, trigger point injections and activity restrictions. Currently, the injured worker complained of increased pain in the low back with numbness, tingling and weakness in the buttocks and lower extremities. In May, 2015, a lumbar spine Magnetic Resonance Imaging revealed multi-level disc narrowing and disc degeneration with disc protrusion and spinal stenosis. The treatment plan that was requested for authorization included a back brace, a urine drug screen, trigger point injections to the bilateral spine and prescriptions for Voltaren, Flexeril, and Lidopro ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This patient present with chronic low back and some buttock pain per handwritten report 6/23/15. The request is for Back Brace to decrease med use, increase ADL's. The listed diagnosis is myofascial pain syndrome of lumbar spine. The patient is being evaluated for lumbar surgery with pre-operative evaluation noted on 6/30/15. MRI is from 5/5/15 showing severe central stenosis due to protrusion at L3-S1. Surgical plan was for right L2-S1 hemilaminectomies with microscopic decompression. ACOEM page 301 states, Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Page 9 ACOEM also states, the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. ODG guidelines chapter low back, under Lumbar Supports section: Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the patient is being scheduled for multi-level decompression and microdiscectomies. The provider does not indicate that the requested back bracing is to be used for post-op. The reason provided on RFA was to decrease medication use and to improve function. There is no evidence of instability, spondylolisthesis or fracture. There is only a very low-quality evidence for the use of back brace for non-specific LBP. The request is not medically necessary.

**Voltaren XR 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Diclofenac.

**Decision rationale:** This patient present with chronic low back and some buttock pain per handwritten report 6/23/15. The request is for Voltaren XR 100mg. The listed diagnosis is myofascial pain syndrome of lumbar spine. The patient is being evaluated for lumbar surgery with pre-operative evaluation noted on 6/30/15. MRI is from 5/5/15 showing severe central stenosis due to protrusion at L3-S1. Surgical plan was for right L2-S1 hemilaminectomies with microscopic decompression. MTUS page 22, Anti-inflammatory medications: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. ODG guidelines Pain chapter, section Diclofenac: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. For a patient who has a 5%

to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. The review of the reports do not specifically discuss this medication. There is no explanation as to why this NSAID is being used rather than another. ODG no longer supports the use of Diclofenac NSAIDs due to its high-risk profile. Given any explanation from the provider, lack of any efficacy documented, the request is not medically necessary.

**Flexeril 7.5mg #90:** 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, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** This patient present with chronic low back and some buttock pain per hand-written report 6/23/15. The request is for Flexeril 7.5mg #90. The listed diagnosis is myofascial pain syndrome of lumbar spine. The patient is being evaluated for lumbar surgery with pre-operative evaluation noted on 6/30/15. MRI is from 5/5/15 showing severe central stenosis due to protrusion at L3-S1. Surgical plan was for right L2-S1 hemilaminectomies with microscopic decompression. The listed medications per 6/23/15 report are Lidopro 4%, Voltaren 100mg, Gabapentin 600, Fexmid 7.5mg, Omeprazole 20mg. MTUS page 64, Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks. In this case, there is no indication that this medication is to be used for a short-term. There is no documentation of a flare-up. There is no discussion regarding how this medication is being used, for how long and with what effectiveness. The request is not medically necessary.

**Lidopro 4% ointment x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** This patient present with chronic low back and some buttock pain per hand-written report 6/23/15. The request is for Lidopro 4% ointment x 2. The listed diagnosis is myofascial pain syndrome of lumbar spine. The patient is being evaluated for lumbar surgery with pre-operative evaluation noted on 6/30/15. MRI is from 5/5/15 showing severe central stenosis due to protrusion at L3-S1. Surgical plan was for right L2-S1 hemilaminectomies with microscopic decompression. MTUS P112, Lidocaine Indication: Neuropathic pain

Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. In this case, the requested ointment is not supported by MTUS. Only patch formulation is allowed for Lidocaine topicals to treat peripheral neuropathic pain that is localized. The request is not medically necessary.

**Trigger point injections x 4 to bilateral lumbar spine; 5cc of 1% lidocaine & 40mg of kenalog under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections Page(s): 122.

**Decision rationale:** This patient present with chronic low back and some buttock pain per hand-written report 6/23/15. The request is for Trigger point injections x 4 to bilateral lumbar spine; 5cc of 1% Lidocaine & 40mg of kenalog under ultrasound guidance. The listed diagnosis is myofascial pain syndrome of lumbar spine. The patient is being evaluated for lumbar surgery with pre-operative evaluation noted on 6/30/15. MRI is from 5/5/15 showing severe central stenosis due to protrusion at L3-S1. Surgical plan was for right L2-S1 hemilaminectomies with microscopic decompression. MTUS page 122, Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. In this case, there are some exam findings on 6/23/15 but it is hand-written and illegible. There are no other reports showing circumscribed trigger points with a twitch response and referred pain for which TPI would be indicated. Furthermore, the use of U/S is not supported by the guidelines. The request is not medically necessary.

**Urine screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** This patient present with chronic low back and some buttock pain per hand-written report 6/23/15. The request is for UDS. The listed diagnosis is myofascial pain syndrome of lumbar spine. The patient is being evaluated for lumbar surgery with pre-operative evaluation noted on 6/30/15. MRI is from 5/5/15 showing severe central stenosis due to protrusion at L3-S1. Surgical plan was for right L2-S1 hemilaminectomies with microscopic decompression. MTUS page 43, Drug testing, Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. ODG guidelines Chapter Pain, under Urine Drug Screen Criteria: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the listed medications do not include an opiate. There is no need to perform urine drug testing when the patient is not taking any opiates. The request is not medically necessary.