

<b>Case Number:</b>	CM15-0186406		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 43-year-old male, who sustained an industrial injury on 9-7-12. The injured worker was diagnosed as having cervical spine sprain or strain, multilevel cervical disc protrusions worst at C5-6 with annular rupture, bilateral C5-7 radiculopathy, thoracic spine sprain and strain, lumbar spine sprain and strain, disc protrusion at L4-5 with central canal and neural foraminal stenosis, and bilateral L4 and L5 radiculopathy. Treatment to date has included a diagnostic facet blocks at L4-S1 medial branches and dorsal primary rami of L5 bilaterally on 9-24-13. Physical examination findings on 8-11-15 included cervical spine tenderness to palpation with referred pain to bilateral upper extremities. Cervical spine range of motion was limited and sensation was decreased over the C5-7 nerve roots bilaterally. Lumbar spine tenderness to palpation with spasticity with referred pain to bilateral gluteal regions and bilateral lower extremities was noted. Lumbar range of motion was limited and sensation over the right L4-S1 nerve roots was decreased. There was no mention of the prescribed medications or the injured worker's pain ratings in the provided documentation. On 8-11-15, the injured worker complained of cervical spine pain with radiation down the arms with numbness, tingling, and weakness of the upper extremities. Low back pain with radiation to the legs with numbness, tingling, and cramping to the lower extremities was also noted. On 9-3-15 the treating physician requested authorization for Tylenol No. 3 #30 with 2 refills, Ambien 5mg #30 with 2 refills, and a MRI of the lumbar spine. On 9-10-15, the utilization review physician modified Ambien to exclude any refills and non-certified Tylenol No 3 and a MRI of the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

**Decision rationale:** The patient presents with pain to his cervical spine radiating down the arms, and pain to his low back radiating down the legs. The request is for TYLENOL NO. 3 #30 WITH 2 REFILLS. The request for authorization is not provided. The patient is status post diagnostic facet block at the level of L4-5 and L5-S1 medial branches and dorsal primary rami of L5 bilaterally, 09/24/13. MRI of the cervical spine, 03/19/13, shows a 3 mm broad annular bulge at C5-6 with mild facet degenerative hypertrophy on the left. MRI of the lumbar spine, 11/18/14, shows disc desiccation with decreased disc height at L5-S1. Physical examination of the cervical spine reveals tenderness to palpation over the para-axial musculature, bilateral trapezii and bilateral levator scapulae, with spasm present. There is referred pain to both upper extremities. Range of motion of the cervical spine remains limited. Exam of lumbar spine reveals tenderness to palpation of the para-axial musculature, with spasticity. There is referred pain to the bilateral gluteal regions and both lower extremities. Range of motion of the lumbar spine remains limited. Straight leg raising is positive on the right. Per progress report dated 08/11/15, the patient is not working. MTUS, Criteria For Use of Opioids Section, 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, Criteria For Use of Opioids Section, 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, Criteria For Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater does not specifically discuss this medication. Only one progress report is provided for review, and thus unable to determine when Tylenol No. 3 was initiated. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tylenol No. 3 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tylenol No. 3. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contracts for review. In this case, treater does not discuss the 4A's as required by MTUS. Therefore, given the lack of documentation, the request IS NOT medically necessary.

**Ambien 5mg #30 with 2 refills:** 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), Zolpidem (Ambien).

**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, Zolpidem (Ambien).

**Decision rationale:** The patient presents with pain to his cervical spine radiating down the arms, and pain to his low back radiating down the legs. The request is for AMBIEN 5MG #30 WITH 2 REFILLS. The request for authorization is not provided. The patient is status post diagnostic facet block at the level of L4-5 and L5-S1 medial branches and dorsal primary rami of L5 bilaterally, 09/24/13. MRI of the cervical spine, 03/19/13, shows a 3 mm broad annular bulge at C5-6 with mild facet degenerative hypertrophy on the left. MRI of the lumbar spine, 11/18/14, shows disc desiccation with decreased disc height at L5-S1. Physical examination of the cervical spine reveals tenderness to palpation over the para-axial musculature, bilateral trapezii and bilateral levator scapulae, with spasm present. There is referred pain to both upper extremities. Range of motion of the cervical spine remains limited. Exam of lumbar spine reveals tenderness to palpation of the para-axial musculature, with spasticity. There is referred pain to the bilateral gluteal regions and both lower extremities. Range of motion of the lumbar spine remains limited. Straight leg raising is positive on the right. Per progress report dated 08/11/15, the patient is not working. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater does not specifically discuss this medication. Only one progress report is provided for review, and thus unable to determine when Ambien was initiated. ODG guidelines recommend Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, treater does not discuss Ambien will be used for short-term and no more than 10 days. Furthermore, the request for additional Ambien #30 with 2 Refills would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

**MRI of the lumbar spine:** 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), Lumbar MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs.

**Decision rationale:** The patient presents with pain to his cervical spine radiating down the arms, and pain to his low back radiating down the legs. The request is for MRI of the Lumbar Spine. The request for authorization is not provided. The patient is status post diagnostic facet block at the level of L4-5 and L5-S1 medial branches and dorsal primary rami of L5 bilaterally, 09/24/13.

MRI of the cervical spine, 03/19/13, shows a 3 mm broad annular bulge at C5-6 with mild facet degenerative hypertrophy on the left. MRI of the lumbar spine, 11/18/14, shows disc desiccation with decreased disc height at L5-S1. Physical examination of the cervical spine reveals tenderness to palpation over the para-axial musculature, bilateral trapezii and bilateral levator scapulae, with spasm present. There is referred pain to both upper extremities. Range of motion of the cervical spine remains limited. Exam of lumbar spine reveals tenderness to palpation of the para-axial musculature, with spasticity. There is referred pain to the bilateral gluteal regions and both lower extremities. Range of motion of the lumbar spine remains limited. Straight leg raising is positive on the right. Per progress report dated 08/11/15, the patient is not working. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 08/11/15, treater's reason for the request is "the last ones were performed in 2013 and 2014." In this case, the patient has previously had an MRI of the lumbar spine on 11/18/14. For an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request IS NOT medically necessary.