

<b>Case Number:</b>	CM15-0044625		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	08/06/2001
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 71year old female who sustained a work/ industrial injury on 8/6/01. She has reported initial symptoms of neck, upper extremity, and low back pain. The injured worker was diagnosed as having cervical myofascial strain, lumbar myofascial strain, lumbar herniated nucleus pulposus (HNP), lumbar radiculitis, cervicalgia, and lumbago. Treatments to date included medication, surgery (right shoulder 7/30/12; lumbar laminectomy 2003), home exercise program, and trigger point injections. MRI of the lumbar spine on 1/31/14 showed degenerative disc disease and facet arthropathy with retrolisthesis L2-L3, and canal stenosis at L2-3, L3-4. Progress notes from July 2014 to February 2015 were submitted. Norco, flexeril, and lidopro were prescribed since July 2014. Progress notes document that medications including norco, flexeril, and lidopro help decrease her pain and increase her function, allowing her to continue a home exercise program and walk further. The injured worker denied medication side effects. Urine drug screens on 7/22/14 and 12/3/14 collected on the dates of office visits were negative for cyclobenzaprine and hydrocodone, which was inconsistent with prescribed medications per the reports, although noted to be consistent in the progress notes. Currently, the injured worker complains of intermittent stabbing neck and low back pain that was decreased by 50% by trigger point injections performed at a prior visit. She wakes up during the night due to right arm and leg numbness. The treating physician's report (PR-2) from 2/3/15 indicated that the injured worker reported pins and needles sensation at the center of her lower lumbar spine and numbness down her entire left leg. Examination revealed hypertonicity to right trapezius and levator scapula with multiple twitch responses, paraspinals L3-L5. There was limited left cervical rotation and

cervical flexion right. Reflexes, sensation and motor strength were normal. Straight leg raising was negative bilaterally. Medications included Norco, Lidopro cream, and Flexeril. On 2/19/15, Utilization Review (UR) modified a request for Norco 5/325mg to # 10, and non-certified requests for Flexeril 7.5mg # 30, Bilateral transforaminal epidural steroid injection at L4, and Physical therapy for the lumbar spine two times a week for 8 weeks. A request for pamelor 10 mg #30 was certified. Utilization Review cited The MTUS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg quantity 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies" and chronic back pain. This injured worker has chronic neck and back pain and has been treated with norco for at least 7 months. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status was not documented in the records submitted. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Although the physician documented that several medications helped to decrease pain allow the injured worker to do a home exercise program and walk further, specific change in activities of daily living related to norco were not discussed. Screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Two urine drug screens were performed on the dates of office visits, not randomly as recommended by the guidelines. These tests were inconsistent with prescribed medications including norco. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Flexeril 7.5mg quantity 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine p. 41-42, Muscle Relaxants p. 63-66 Page(s): 41-42, 63-66.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Work status was not documented. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. The injured worker has been prescribed flexeril for at least 7 months. Due to length of use in excess of the guidelines and lack of functional improvement, the request for flexeril is not medically necessary.

**Bilateral transforaminal epidural steroid injection at L4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination, and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. This injured worker reported low back pain with left leg numbness; however, recent physical examination showed normal strength, sensation, and reflexes, which is not consistent with radiculopathy. MRI did not demonstrate specific nerve root impingement and no electrodiagnostic studies were submitted. Due to lack of documentation of objective findings of radiculopathy, the request for Bilateral transforaminal epidural steroid injection at L4 is not medically necessary.

**Physical therapy for the lumbar spine quantity 16.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: physical medicine treatment.

**Decision rationale:** This injured worker has a history of chronic neck and low back pain. There was no documentation of prior physical therapy in the records submitted. Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9-10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. Per the MTUS, functional improvement is the goal rather than the elimination of pain. Reliance on passive care is not recommended. The physical medication prescription is not sufficiently specific, and does not adequately focus on functional improvement. No functional goals were discussed. Work status was not documented. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise program. The number of sessions requested exceeds the quantity recommended in the MTUS. The treating physician has not provided reasons why the injured worker requires a course of physical therapy, which is substantially longer than that recommended in the cited guidelines. When the treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. There are no exceptional factors in the medical records indicating additional physical therapy is needed. Due to number of sessions requested in excess of the guidelines, the request for Physical therapy for the lumbar spine quantity 16.00 is not medically necessary.