

<b>Case Number:</b>	CM15-0084483		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2015

### 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: Preventive Medicine, Occupational 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 65-year-old female, who sustained an industrial injury on 6/1/2004. Diagnoses have included cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, lumbar radiculopathy. Treatment to date has included epidural steroid injection, trigger point injections and medication. According to the pain medicine re-evaluation dated 3/27/2015, the injured worker complained of neck pain radiating down the bilateral upper extremities accompanied by frequent numbness. She complained of low back pain radiating down the bilateral lower extremities accompanied by frequent numbness. She complained of frequent muscle spasms in the low back. She also complained of ongoing headaches. Pain was rated 7-8/10 on average with medications and 10/10 without medications. Exam of the cervical spine revealed tenderness and spasm. Exam of the lumbar spine revealed tenderness and spasm. The injured worker was given a Toradol injection. Authorization was requested for bilateral L4-S1 transforaminal epidural under fluoroscopy; Tizanidine; Lidoderm patches; Duloxetine DR; APAP/Codeine Phosphate; Metformin; Gabapentin and Farxiga.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral (lumbar/sacroiliac) L4-S1 transforaminal epidural under fluoroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic 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. The medical record lacks sufficient documentation and does not support a referral request. Bilateral (lumbar/sacroiliac) L4-S1 transforaminal epidural under fluoroscopy is not medically necessary.

**Tizanidine 2 mg (daily) Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant Page(s): 63.

**Decision rationale:** Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Tizanidine 2 mg (daily) Qty 30 is not medically necessary.

**Lidoderm 5% patch 12 hr on/ 12 hrs off, Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Localized Peripheral Pain Page(s): 56.

**Decision rationale:** According to the MTUS, Lidoderm may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm 5% patch 12 hr on/ 12 hrs off, Qty 30 is not medically necessary.

**Duloxetine DR (delayed release) 30 mg (2 times daily), Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**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), Duloxetine (Cymbalta).

**Decision rationale:** The Official Disability Guidelines recommend Cymbalta as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor anti-depressant (SNRIs). Duloxetine delayed-release capsules previously were approved for the treatment of major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, and fibromyalgia. There was no documentation of any reported functional improvement with the continued use of Duloxetine. Duloxetine DR (delayed release) 30 mg (2 times daily), Qty 60 is not medically necessary.

**Metformin 500 mg (2 tabs) Qty 120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Diabetes chapter - Metformin (Glucophage).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Metformin (Glucophage).

**Decision rationale:** The Official Disability Guidelines recommend metformin as first-line treatment of type 2 diabetes to decrease insulin resistance. Because of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. Based upon the medical record and the fact that metformin has been previously authorized; it appears that diabetes is an accepted part of the claim. Because of these assumed facts, metformin is authorized. Metformin 500 mg (2 tabs) Qty 120 is medically necessary.

**Farxiga 5 mg (every day) Qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL ([www.drugs.com/pro/farxiga.html](http://www.drugs.com/pro/farxiga.html)) - Indications & Usage for Farxiga.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Canagliflozin (Invokana).

**Decision rationale:** Farxiga (dapagliflozin), like Canagliflozin (Invokana), is a selective sodium-glucose transporter-2 (SGLT-2) inhibitor. Selective sodium-glucose transporter-2

(SGLT-2) inhibitors are a class of oral hypoglycemics used in patients with diabetes mellitus type 2. These agents lower the renal glucose threshold, resulting in an increased amount of glucose being excreted in the urine. According to the Official Disability Guidelines, they are not recommended as a first-line medication until the risk for stroke is evaluated in an ongoing study. The FDA panel had concerns about the cardiovascular safety of canagliflozin, most particularly a possible elevated risk for stroke. They deemed that current data were insufficient to be certain about this risk and concluded that longer-term follow-up will be required, including completion of the Canagliflozin Cardiovascular Assessment Study. Farxiga 5 mg (every day) Qty 30 is not medically necessary.