

<b>Case Number:</b>	CM14-0120703		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/03/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 54 year-old female who has a history of a work injury with date of injury of 03/03/08 while working as a clerical worker when she struck her right knee against a desk drawer. She underwent a right knee arthroscopy with partial meniscectomy and anterior and posterior cruciate ligament reconstruction. Post operative treatments included physical therapy, massage, and use of a TENS unit. She had improved knee stability after her surgery. She is also being treated for neck pain. She has been out of work since March 2011. On 08/20/12 she had complaints of intermittent neck pain, worsening low back pain, intermittent right knee aching which had improved since surgery, and constant left knee pain which had worsened and was attributed to compensating for her right knee. Physical examination findings included ambulating with a cane. There was a positive left anterior drawer and Lachman test. Knee range of motion was decreased bilaterally. An MRI of the cervical spine in September 2011 had shown moderate to severe right foraminal stenosis and of the lumbar spine included findings of multilevel degenerative facet arthropathy with moderate to severe multilevel foraminal stenosis. She was seen by the requesting provider on 12/11/12. She was having neck pain radiating into the upper extremities and back pain into the lower extremities. Prior treatments had included lumbar epidural injections in 2012 with 75-80% decrease in lower extremity and low back pain. There had been an 80-90% degree of pain relief after a cervical epidural injection in may 2012. Medications were Vicodin, Flexeril, and Protonix. Physical examination findings included decreased cervical spine range of motion with pain, tightness, and stiffness. There was severe cervical spine multilevel facet joint tenderness and multiple areas of muscle tightness with trigger points and muscle spasms. She had decreased lumbar spine range of motion with facet joint tenderness, sacroiliac joint tenderness on the right greater than left side, and muscle

tightness with trigger points. Straight leg raising was positive bilaterally. There was an absent right ankle reflex. She had a slow shuffling gait and was limping and was using a cane. She had decreased right lower extremity sensation. Medications were refilled. Authorization for lumbar facet injections was requested. On 02/19/13 she was having ongoing symptoms. She was also having bilateral hip and knee pain. Medications were Vicodin, Flexeril, and Protonix with some pain relief. Physical examination findings appear unchanged. Medications were refilled. Authorization for lumbar facet injections and a series of left knee viscosupplementation injections was requested. On 04/23/14 the claimant underwent a cervical epidural steroid injection. On 05/12/14 she was having ongoing radiating neck and low back pain, knee pain, wrist pain, and was now having ankle and shoulder pain. Pain was rated at 9/10. There had been a 70-80% improvement in radicular pain after the epidural injection. Physical examination findings included cervical spine trigger points with tenderness. There was multilevel cervical facet tenderness. She had multilevel lumbar facet tenderness with bilateral sacroiliac joint pain. There was decreased lumbar spine range of motion and multiple trigger points. She had left acromioclavicular joint tenderness. There was decreased right lower extremity sensation and an absent right ankle reflex. Urine drug screen test results were reviewed. Vicodin ES, Flexeril, Ambien, Protonix, topical Ketoprofen/Gabapentin/Lidocaine, and topical Tramadol/Baclofen were prescribed. On 06/09/14 she was having ongoing symptoms. Physical examination findings appear unchanged. Medications were continued.

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

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

**Vicodin ES (Quantity Unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids; (7) When to Con.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, dosing, Page(s): 76-80, 86.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated radiating neck and low back pain, knee pain, wrist pain, and is now having ankle and shoulder pain. Medications include Vicodin. She has high pain scores and has not returned to work. In this case, there is no evidence of progress towards a decreased reliance on medical care or return to work plan with poor pain control, and the claimant appears to be becoming more dependent in terms of medical care usage. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Vicodin was not medically necessary.

**Flexeril (Dose and Quantity Unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Muscle Relaxants (for pa.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), (2) Muscle relaxants, Page(s): p41, p63.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated radiating neck and low back pain, knee pain, wrist pain, and is now having ankle and shoulder pain. Medications include Flexeril being prescribed on a long term basis. Flexeril (cyclobenzaprine), it is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, Flexeril there is no identified new injury or exacerbation and is being prescribed on a long-term basis. It is therefore not medically necessary.

**Ambien (Dose and Quantity Unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated radiating neck and low back pain, knee pain, wrist pain, and is now having ankle and shoulder pain. Medications include Ambien being prescribed on a long term basis. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, continuation of Ambien is not medically necessary.

**Protonix (Dose and Quantity Unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAIDs, GI symptoms & c.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): p68-71.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated radiating neck and low back pain, knee pain, wrist pain, and is now

having ankle and shoulder pain. Medications include Protonix. She is not taking an oral non-steroidal anti-inflammatory medication. In this case, the claimant does not have identified risk factors for a GI event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is not currently taking a non-steroidal anti-inflammatory medication. Guidelines do not recommend that a proton pump inhibitor such as Protonix (Pantoprazole) be prescribed. Therefore the request is not medically necessary.

**Ketoprofen/Gabapentin/Lidocaine Rub:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics, Page(s): p111-113, p60.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated radiating neck and low back pain, knee pain, wrist pain, and is now having ankle and shoulder pain. Medications include two compounded topical agents. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the requested compounded medication was not medically necessary.

**Tramadol/Baclofrn Rub:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronicpain, (2) Topical Analgesics, p111-113 Page(s): p111-113, p60.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated radiating neck and low back pain, knee pain, wrist pain, and is now having ankle and shoulder pain. Medications include two compounded topical agents. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this topical agent is not medically necessary.

**Sacroiliac Joint injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Procedure Summary Hip; Sacroiliac joint blocks; Criteria for the use of sacroiliac blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 196-197.

**Decision rationale:** The claimant is more than 7 years status post work-related injury and continues to be treated radiating neck and low back pain, knee pain, wrist pain, and is now having ankle and shoulder pain. Guidelines recommend against sacroiliac joint injections for subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthropathy and therefore the requested sacroiliac joint injection is not medically necessary.