

<b>Case Number:</b>	CM14-0123597		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/02/1994
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This is a 69 year old male with a 10/2/1994 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/16/14 noted subjective complaints of bilateral neck pain that radiates into the left shoulder and right arm. Objective findings included cervical ROM (range of motion) decreased and minimally reduced strength in right arm. It was reported that the patient got at least 50% pain relief for 3 months from the prior cervical ESI (epidural steroid injection) at C7-T1. A cervical MRI from 2007 noted slight disc bulging at C2-C3 and C3-C4 without significant stenosis. Diagnostic Impression: cervical radiculitis. Treatment to date: cervical spine fusion, lumbar discectomy, lumbar spinal fusion, medication management. A UR decision dated 7/28/14 denied the request for repeat cervical ESI. There is no clinically evident radiculopathy on exam, no mention of any EMG or MRI studies, and there is no documentation of any objective functional improvement from the previous ESI. It also denied Klonopin #30. No rationale was provided for the prescription of this medication. There are no subjective complaints of any anxiety or the diagnosis of anxiety. It also modified the request for MS Contin 60 mg #90 to #81. The instructions are for 60mg three times a day. This is 180 MED. If the patient also uses the Morphine IR 15 mg QID, that is 240 MED per day, which is 110 morphine equivalents more than the maximum recommended by MTUS. There is no documented objective functional benefit from chronic morphine use. It also modified Lyrica 50 mg to #14. There is no indication that the use of this medication has been efficacious. It also denied Prevacid 30 mg. There is no indication that the patient is taking NSAIDs or has any GI symptoms. It modified the request for MS IR 15 mg #120, authorizing #108. There is no documentation of objective functional benefit from chronic opiate use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Cervical Epidural Steroid Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA guides (Radiculopathy).

**Decision rationale:** CA MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. Furthermore, CA MTUS states that repeat blocks should only be offered if at least 50% pain relief with associated reduction of medication use for six to eight weeks was observed following previous injection. However, although it is reported that a prior ESI had at least 50% pain relief for 3 months, there are no objective findings of radiculopathy by physical examination or MRI report. In the absence of objective radiculopathy, it is unclear why cervical ESI would be indicated. Therefore, the request for repeat cervical epidural steroid injection is not medically necessary.

**Klonopin #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, there is no stated rationale for the use of benzodiazepines. Additionally, the guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. Also, the dose and frequency are not specified. Therefore, the request for Klonopin #30 is not medically necessary.

**MS Contin 60mg:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1994 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for MS Contin 60 mg is not medically necessary.

**Lyrica 50mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

**Decision rationale:** MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. While the patient has a clinical diagnosis of radiculopathy, there are no objective findings on physical exam or imaging (MRI) to confirm this diagnosis. It is therefore unclear why Lyrica would be indicated. Furthermore, there is no documentation of how long the patient has been taking this medication or any functional benefit derived from the use of Lyrica. Therefore, the request for Lyrica 50 mg is not medically necessary.

**Prevacid 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/prevacid-solu-tab-lansoprazole-341991> prevacid/lansoprazole.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (omeprazole).

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in

treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. Therefore, the request for Prevacid 30 mg, unknown quantity, is not medically necessary.

**MS IR 15mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1994 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for MS IR 15 mg #120 is not medically necessary.