

<b>Case Number:</b>	CM14-0141233		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Internal Medicine and is licensed to practice in Georgia. 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 injured worker is a 54-year-old male who reported an injury on 09/05/2006. The mechanism of injury occurred when he hurt his back while getting out of a chair. His diagnoses included lumbago, post laminectomy syndrome of the lumbar region, thoracic lumbosacral radiculitis, and sacroiliitis. The injured worker's past treatments included medications, physical therapy, chiropractic therapy, the insertion of a spinal cord stimulator, a right sacroiliac radiofrequency ablation, and surgery. His diagnostic exams included 4 MRIs of the lumbar spine and 1 CT scan of the lumbar spine. The injured worker's surgical history included a laminectomy, implantation of a spinal cord stimulator, and a lumbar fusion of the L5-S1. On 09/16/2014, the injured worker complained of low back pain with left and right sided leg pain. The injured worker stated that the pain radiated into the calf of both legs. He also had complaints of neck pain on the right side. The injured worker stated that he had increased muscle spasms that occurred at night and that his back continued into the right leg. He indicated that his current medications were working well for the back pain but not helping with the spasms. He reported poor sleep quality and severe spasms of his low back. He reported his pain as 9/10 on the pain scale. The physical exam revealed a positive straight leg raise to the right with decreased sensory and motor strength on the right versus the left. There was also noted lumbar paraspinal muscle tenderness with spasms and ongoing complaints of dysphagia since the cervical fusion. Also, cervical facet symptoms, as well as occipital headaches on the right side were noted. The injured worker's medications included Neurontin 300 mg, Cymbalta 60 mg, Frova 2.5 mg, Methadone 10 mg, Nucynta ER 200 mg, Dilaudid 4 mg, Ambien 10 mg, and Linzess 290 gm. The treatment plan consisted of the continuation of the medications as prescribed, a new MRI of the lumbar spine, and the use of the bilateral epidural steroid injections of the L5-S1. A request was received for a bilateral transforaminal epidural injection/selective nerve root block at L5-S1, Zanaflex 6 mg #60,

Nucynta ER 200 mg #60, Dilaudid 4 mg #120, Lorzone 750 mg #60, and Ambien 10 mg #30. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 09/17/2014.

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

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

**Bilateral transforminal epidural injection/selective nerve root block at L5 and S1: Upheld**

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

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

**Decision rationale:** The request for a bilateral transforaminal epidural injection/selective nerve root block at L5 and S1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as a possible option for short term treatment of radicular pain that is defined as pain in the dermatomal distribution with corroborated findings of radiculopathy. There must also be notation that an epidural steroid injection is being used in conjunction with active rehab efforts. Epidural steroid injections are not recommended for spinal stenosis or for nonspecific low back pain. The need for epidural steroid injections is contingent on the injured worker meeting the criteria for the use of these injections. The criteria for use includes radiculopathy that is documented and corroborated by electro diagnostic testing, evidence that the injured worker was initially unresponsive to conservative treatments, evidence that the injection is being performed with fluoroscopy and evidence that there are no more than 2 root levels being injected. Also, for the use of repeat injections there should be documentation of continued objective pain relief, decreased need for pain medication and functional response of at least 50% to 70% for at least 6 to 8 weeks. Based on the clinical notes, the injured worker complained of low back pain with radiating symptoms into his bilateral calves. The physical exam revealed a positive straight leg raise to the right leg, lumbar paraspinal muscle tenderness, decreased sensation, and cervical facet symptoms. The clinical notes failed to indicate that the injured worker's radicular symptoms were corroborated by electro diagnostic testing as recommended by the guidelines. Also, the clinical notes failed to indicate that the injured worker failed conservative treatments such as, exercise and muscle relaxants. The clinical notes specified the injured worker was still being prescribed opioids and muscle relaxants at the time of the request. The request failed to specify the use of fluoroscopy during the procedure as recommended by the guidelines. The identification of the L5-S1 nerve root level is supported by the guidelines, as they only recommend the use of 2 nerve root levels at one time. However, due to lack of documentation showing evidence of radiculopathy corroborated by diagnostic studies, indication that the injured worker failed conservative treatments, and an absence of the confirmation that fluoroscopy would be used during the procedure, the request is not supported. Thus, the request for a bilateral transforaminal epidural injection/selective nerve root block at L5 and S1 is not medically necessary.

**Zanaflex 6mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG, Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The request for Zanaflex 60 mg #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The efficacy of these medications appears to diminish over time and prolonged use of the medication in this class may lead to dependence. Based on the clinical notes, the injured worker had complaints of low back pain with radiating symptoms into the bilateral calves of both legs. The injured worker also stated that his medications were working well for the back pain but not helping for the spasms. He stated that the "Zanaflex and Lorzone were not helping." He rated his pain as 9/10. The physical exam revealed continued lumbar paraspinal muscle tenderness with spasms. The clinical notes also indicated that the injured worker has been prescribed Zanaflex since approximately 01/2014 with no significant decrease in his pain or spasms. The continued use of muscle relaxants is based on documentation of increased functional ability and the indication of decreased pain levels. The indication that the injured worker's pain level had not decreased since 01/2014 indicates that the medication efficacy has diminished. Also, the statement that the injured worker made regarding the diminished effects of Zanaflex and Lorzone to treat his spasms indicated that the continued use of the medication is not warranted. Therefore, due to the documentation indicating that the medication has diminished efficacy and that the injured worker's pain levels have not decreased since 01/2014, the request is not supported. Thus, the request for Zanaflex 60 mg, #60, is not medically necessary.

**Nucynta ER 200mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The request for Nucynta ER 200 mg, #60, is not medically necessary. The California MTUS guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the four domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Long term use of opioids is not recommended as it may increase the risk for dependency. Based on the clinical notes, the injured worker had complaints of low back pain with numbness and tingling that radiated into the calves of both legs. The clinical notes indicated that the injured worker had been prescribed Nucynta

since approximately 01/2014 with no increase in pain relief. Also, the clinical notes failed to indicate that the utilization of urine drug screens to determine the integrity of the medication use. The clinical notes also failed to indicate that the pain medication enabled the injured worker to perform increased activities of daily living or if there were any apparent side effects as a result of taking the medication. Therefore, due to lack of documentation indicating increased ability to function, evidence of long term use, lack of evidence indicating the use of urine drug screens, and evidence that the medication had diminished efficacy, the request is not supported. Additionally, the request did not specify frequency of dose. Thus, the request for Nucynta ER 200 mg, #60, is not medically necessary.

**Dilaudid 4mg #120: 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): 74-82.

**Decision rationale:** The request for Dilaudid 4 mg, #120, is not medically necessary. The California MTUS guidelines recommend opioids for the treatment of chronic pain. The ongoing use of opioids is contingent on the documentation of the four domains proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The four domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. This documentation must be objective and measurable as to make a reasonable evidence based decision for continued use. Long term use of opioids is not recommended as it may increase the risk for dependency. Based on the clinical notes, the injured worker had complaints of low back pain with numbness and tingling that radiated into the calves of both legs. The clinical notes indicated that the injured worker had been prescribed Dilaudid since approximately 01/2014 with no increase in pain relief. Also, the clinical notes failed to indicate that the utilization of urine drug screens was being used to determine the integrity of the medication therapy. The clinical notes also failed to indicate that the pain medication enabled the injured worker to perform increased activities of daily living or if there were any apparent side effects as a result of taking the medication. Therefore, due to lack of documentation indicating increased ability to function, evidence of long term medication use, lack of evidence indicating the use of urine drug screens, and evidence that the medication had diminished efficacy, the request is not supported. Additionally, the request did not specify frequency of dose. Thus, the request for Dilaudid 4 mg, #120, is not medically necessary.

**Lorzone 750mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Sedating Muscle relaxants. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The request for Lorzone 750 mg #60 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The efficacy of these medications appears to diminish over time and prolonged use of the medication in this class may lead to dependence. Based on the clinical notes, the injured worker had complaints of low back pain with radiating symptoms into the bilateral calves. The injured worker also stated that his medications were working well for the back pain but not so much for the spasms. He reported that Zanaflex and Lorzone were not helping. He rated his pain as 9/10 on the pain scale. The physical exam revealed continued lumbar paraspinal muscle tenderness with spasms. The clinical notes indicated that the injured worker has been prescribed Lorzone since approximately 01/2014 with no significant decrease in his pain. The continued use of muscle relaxants is based on documentation of increased functional ability and the indication of decreased pain levels. The indication that the injured worker's pain level have not decreased since 01/2014 indicates that the medication efficacy has diminished. Also, the statement that the injured worker made regarding the diminished effects of Zanaflex and Lorzone to treat his spasms supports the discontinuation of the medication. Therefore, due to the documentation indicating that the medication has diminished efficacy and that the injured worker's pain levels and spasms have not decreased since 01/2014, the request is not supported. Thus, the request for Lorzone 750 mg, #60, is not medically necessary.

**Ambien 10mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem

**Decision rationale:** The request for Ambien 10 mg, #30, is not medically necessary. The Official Disability Guidelines do not recommend Ambien for long term use, but does endorse it for short term use. Ambien is approved for the short term use of usually 2 to 6 weeks for the treatment of insomnia. Based on the clinical notes, the injured worker complained of poor sleep quality due to pain. He indicated that he had a problem with sleep onset, but it is unclear how long his insomnia symptoms lasted. The clinical notes indicated that the injured worker was prescribed Ambien since approximately 01/2014, which is not supported by the guidelines. The guidelines recommend the use of Ambien for 2 to 6 weeks for the treatment of insomnia. Additionally, the request did not specify frequency of dose. Therefore, due to evidence of long term use and lack of documentation indicating improved sleep quality, the request is not supported. Additionally, the request did not specify frequency of dose. Thus the request for Ambien 10 mg, #30, is not medically necessary.