

<b>Case Number:</b>	CM14-0143935		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/27/2003
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 27, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from providers in various specialties; spinal cord stimulator implantation; and opioid therapy. In a Utilization Review Report dated August 18, 2014, the claims administrator failed to approve the request for Lorzone, Relpax, medial branch block, TNS cream, CT scan, and removal of spinal cord stimulator lead. The applicant's attorney subsequently appealed. In a progress note dated February 4, 2014, the applicant was described as off of work, on total temporary disability. Severe complains of neck pain, arm pain, and headaches were noted, 8/10. The applicant stated that her spinal cord stimulator IPG was malfunction and turning itself on and off without warning. The applicant was using baclofen, Lyrica, Percocet, methadone, Celebrex and Relpax. It was stated that the applicant was using Relpax for migraine headaches. Multiple medications were renewed. The applicant was asked to obtain CT scan of the cervical spine and/or consider explanation of the spinal cord stimulator. CT scanning of cervical spine was apparently performed on August 30, 2014 and was notable for 2 mm disk bulge at C5-C6 with interval placement of a medical device at C2-C3 level. On August 5, 2014, the applicant again reported persistent complaints of neck pain, arm pain, and headaches. The applicant acknowledged that baclofen was not working, while methadone and Percocet were reportedly helping. The applicant's complaints of muscle spasm were reportedly severe. The applicant did report 7 to 8/10 pain, despite ongoing medication usage. The applicant stated that the spinal cord stimulator was placed off owing to its continuing to malfunction. Multiple medications were renewed, including methadone, Lorzone and Lyrica. Relpax was apparently discontinued, the attending provider stated in one section of the note.

The applicant was asked to try Lorzone for pain relief and continue the topical compounded cream. In another section of the report, it was stated that the applicant was continuing Relpax. A new CT scan of the cervical spine was sought. It was stated that the applicant wanted to have the spinal cord stimulator lead and IPG device removed given the reported malfunctioning of the same. The attending provider stated in one section of the report that he was holding medial branch blocks in one region while still intent on performing medial branch blocks in another section of the report.

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

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

**Lorzone 750mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

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

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Lorzone are recommended with caution and second line options for short term treatment of acute exacerbations or chronic low back pain. Page 63 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that drugs with most limited published evidence in terms of effectiveness include chlorzoxazone, i.e., the drug at issue here. The 60-tablet one-refill supply of Lorzone proposed, moreover, implies chronic, long-term, and scheduled usage, opposed to the short-term usage endorsed on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Relpax 40mg, #9 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Relpax Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of Relpax, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. The Food and Drug Administration (FDA) notes that Relpax is indicated in the treatment of migraine headaches. In this case, however, the attending provider did not clearly what signs or symptoms lead him to conclude that the applicant's headaches were, in fact, migrainous in nature, as the applicant was given variety of other diagnoses, including chronic neck pain, chronic shoulder pain, headaches secondary to cervicogenic pain, and/or pain associated with the indwelling spinal cord stimulator lead/malfunction of spinal cord stimulator.

It did not appear, thus, that there was, in fact, a clear diagnosis of migraine headaches present here which would have supported provision of Relpax. It is further noted that the attending provider apparently reached the conclusion that the ongoing usage of Relpax was not effective and suggested discontinuing the same in his August 5, 2014, progress note. Therefore, the request is not medically necessary.

**Cervical spine CT scan:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 182.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, CT imaging is "recommended" when employed in preparation for an invasive procedure. The MTUS Guideline, ACOEM Chapter 8, Table 8-8, page 179 further scores CT scanning 4/4 in its ability to identify and define anatomic defects. In this case, the attending provider has posited that the applicant has issues associated with malfunctioning spinal cord stimulator lead. The attending provider is apparently in the process of the pursuing an explanation/removal of said spinal cord stimulator lead. Obtaining CT imaging for preoperative planning purposes is indicated. Therefore, the request is medically necessary.

**Right medial branch block at C4, C5 and C6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Blocks

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, diagnostic medial branch blocks, as are being sought here, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant has been given a variety of diagnoses and/or suspected diagnoses, including chronic shoulder pain status post shoulder arthroscopy, chronic neck pain secondary to indwelling/malfunctioning spinal cord stimulator leads, and/or complex regional pain syndrome. The applicant does not, thus, appear to have any bonafide facetogenic pain for which medial branch blocks could be considered. Therefore, the request, thus, is not indicated both owing to considerable lack of diagnostic clarity here as well as the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

**TNS cream with 1 refill:** 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 Topical Analgesic Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed (largely experimental). It is further noted that the applicant has already received the TNS cream at issue, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on numerous analgesic and adjuvant medications including methadone, Percocet, Lyrica, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the TNS cream at issue. Therefore, the request is not medically necessary.