

<b>Case Number:</b>	CM14-0148496		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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, has a subspecialty in Nephrology 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 patient is a 69-year-old male who has submitted a claim for Lumbosacral spondylosis without myelopathy associated with an industrial injury date of May 22, 2012. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral knee pain, lower back pain, and lower back stiffness. Examination revealed antalgic gait on left lower extremity, medial and lateral joint line tenderness of bilateral knees, crepitus with ROM of bilateral knees and decreased ROM of lumbar spine with positive SLR test bilaterally. MRI dated 4/23/2013 revealed mid-substance tear anterior cruciate ligament, extensive tear posterior horn of the medial meniscus extending to the inferior and superior articular surfaces, multiple osteochondral defects along with degenerative osteophytosis and small joint effusion. MRI of the lumbar spine, dated 11/8/2012, demonstrated 2 mm postero-lateral disc protrusions at L3-L4 contributing to mild bilateral L3-L4 foraminal encroachment and mild bilateral recess stenosis. Moderate to severe bilateral L4-L5 recess stenosis and moderate to severe spinal stenosis were noted. Treatment to date has included medications, a lumbar epidural steroid injection in August 5, 2013 for which the patient allegedly had 80-90% improvement lasting for more than 3 months. Tizanidine was prescribed since at least June 5, 2014 but progress notes mentioned that the patient "was not responding to medication and conservative treatments." Utilization review from August 19, 2014 denied the request for Lumbar epidural steroid injection, Motorized cold therapy unit for purchase only, Compound analgesic cream 4mg and Tizanidine 4mg. Request for LESI was denied because progress notes following the patient's prior LESI in 2013. The request for motorized cold therapy unit was denied because guidelines recommend "low-tech cryotherapies" as opposed to the use of motorized cold therapy devices. The request for compound analgesic cream was denied because the ingredients were not documented. The request for Tizanidine was denied because the guidelines only support its long-term use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar epidural steroid injection: Upheld**

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

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

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. 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. In this case, MRI of the lumbar spine, dated 11/8/2012, demonstrated a 2 mm postero-lateral disc protrusions at L3-L4 contributing to mild bilateral L3-L4 foraminal encroachment and mild bilateral recess stenosis. Moderate to severe bilateral L4-L5 recess stenosis and moderate to severe spinal stenosis were noted. Imaging study showed evidence of nerve root compromise. Although not present in the records provided, the UR mentioned that the patient had prior LESI in August 2013 which provided 80-90% improvement in symptoms for more than 3 months. A repeat lumbar epidural steroid injection may be beneficial in this patient's case. However, level at which the injections will be given are not included in the request, making it incomplete. Therefore, the request for Lumbar epidural steroid injection is not medically necessary.

### **Motorized cold therapy unit for purchase only: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** CA MTUS does not specifically address continuous-flow cryotherapy; however, the Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for non-surgical treatment. Postoperative use generally may be up to 7 days, including home use. In this case, the motorized cold therapy unit for purchase is ordered for utilization post injection. However, the request for LESI was not certified. Finally, it is not

clear why the unit need to be purchased instead of rental. Therefore, the request for Motorized cold therapy unit for purchase only is not medically necessary.

**Compound analgesic cream 4mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines: Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics, Page(s): 28-29,111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, compound analgesic cream was requested. However, the ingredients of this cream were not specified making the request incomplete. Thus, the request for compound analgesic cream 4mg is not medically necessary.

**Tizanidine 4mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64, 66.

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

**Decision rationale:** Page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, there is no benefit beyond and in combination with NSAIDS in pain and overall improvement. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. It is also used off label for low back pain. In this case, Tizanidine 4 mg was prescribed since at least June 5, 2014. However, physical examination from the progress notes do not indicate that the patient had spasms for which Tizanidine may provide help. Furthermore, there is no evidence that the patient had tried first-line treatment to date. The patient had been using Tizanidine and yet progress notes indicate that the patient is not responding to medications. Finally, the number of pills being requested is not stated. Therefore, the request for Tizanidine 4mg is not medically necessary.