

<b>Case Number:</b>	CM14-0164226		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 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 45-year-old female with a 12/7/05 date of injury. According to a progress report dated 9/22/14, the patient complained of chronic low back pain and bilateral thigh pain and right ulnar forearm pain. She reported burning, numbing, and pins and needles sensations in her legs. She stated that Norco was not strong enough for her pain and requested an increase in dosage. She stated that with and without medications, her pain was still a 10/10. She was status post fusion L5-S1 with hardware. All conservative measures have been tried, and she still reported significant pain. The provider has requested a spinal cord stimulator trial since her medications have been denied. Objective findings: tender and tight over posterior neck with restricted range of motion at least 50% of all planes, tender over paraspinal musculatures, dysesthesia of lateral right forearm and right digits 4,5, dysesthesia and hypoesthesia down left leg from sacrum across buttocks to heels. Diagnostic impression: degeneration of lumbar or lumbosacral intervertebral disc, lumbago, lumbar post-laminectomy syndrome, lumbosacral radiculopathy, sacroiliitis, lumbar facet joint pain, dysesthesia, tenosynovitis of hand, painful hardware, cervical degenerative disc disease with radiculopathy and spasm. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/1/14 denied the requests for Robaxin, Flector patches, psych clearance for SCS trial, SCS trial, and modified the request for Norco from 120 tablets to 60 tablets for weaning. Regarding Norco, this is weaned to a reasonable level for longer term use given the claimant's surgical fusion. Robaxin is not approved as guidelines do not approve of chronic use of muscle relaxants. Psych clearance for SCS trial is not approved as the rationale is simply to try a spinal cord stimulator as medications have been denied based on lack of medical necessity. The SCS trial is denied as a trial cannot proceed until psych clearance is obtained.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (#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:** The 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, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. She stated that with and without medications, her pain level was still a 10/10. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or ██████ monitoring. Furthermore, given the 2005 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. Therefore, the request for Norco 10/325mg (#120) was not medically necessary.

**Robaxin 750mg (#60): Upheld**

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

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

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In the present case, it is unclear how long this patient has been taking Robaxin. However, according to the records provided for review, this patient has been taking muscle relaxants, including Flexeril, Zanaflex, and Soma, on a chronic basis since at least 4/17/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Robaxin 750mg (#60) was not medically necessary.

**Flector patches (#30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Flector Patch Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch)

**Decision rationale:** The MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. However, in the present case, this patient has a chronic condition, and Flector patches are indicated for acute conditions. In addition, there is no documentation that this patient cannot tolerate oral NSAID medications. Therefore, the request for Flector patches (#30) was not medically necessary.

**Psych clearance for SCS Trial:** Overturned

**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 Spinal Cord Stimulator Page(s): 101, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Spinal Cord Stimulator

**Decision rationale:** The MTUS criteria for a psychological evaluation for spinal cord stimulation include neuropathic pain. In addition, the ODG criteria include lower extremity radicular pain; limited response to non-interventional care; no current evidence of substance abuse issues; no contraindications to an SCS trial. In the present case, it is noted that the patient was status post lumbar fusion surgery, all conservative measures have been tried, and she still reported significant pain. In addition, she described low back pain that radiated to her legs bilaterally. She reported burning, numbing, and pins and needles sensations in her legs. It would be appropriate for the patient to undergo a psychological evaluation to determine the appropriateness of a spinal cord stimulator trial for this patient. Therefore, the request for Psych clearance for SCS Trial was medically necessary.

**SCS Trial:** 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 Spinal Cord Stimulator Page(s): 101, 105-107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Spinal Cord Stimulator

**Decision rationale:** The MTUS criteria for permanent SCS placement include at least one previous back operation and patient is not a candidate for repeat surgery, symptoms are primarily lower extremity radicular pain; there has been limited response to non-interventional care; psychological clearance indicates realistic expectations and clearance for the procedure; there is no current evidence of substance abuse issues; and evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. However, in the present case, the patient has not yet undergone a psychological evaluation to determine if she is an appropriate candidate for a spinal cord stimulator trial. Until the patient has been cleared psychologically, this associated request cannot be substantiated. Therefore, the request for SCS Trial was not medically necessary.