

<b>Case Number:</b>	CM14-0021622		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	12/14/1990
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 41 year old female who sustained an injury on 12/14/90 while cleaning a storage area. The injured worker developed complaints of low back pain. The injured worker was seen for ongoing chronic complaints of low back pain since the date of injury. There were multiple described mechanisms of injury for the 12/14/90 date. This included lifting heavy bags of popcorn. Treatment included multiple epidural steroid injections and physical therapy. The injured worker had recent physical therapy through 12/13. The injured worker also had a radiofrequency ablation procedure of the medial branch nerves to the left at L4-5 on 08/16/13. As of 10/21/13 the injured worker reported 80% relief following the radiofrequency ablation procedures. The injured worker reported her pain ranging from 3-7/10 on Visual Analogue Scale (VAS) depending on activity. The injured worker was able to reduce the amount of opiates being utilized to three Percocet per day instead of five. Medications at this visit included Ambien 10mg daily, Orphenadrine ER 100mg twice daily, MS Contin 15mg twice daily, Percocet 10/325mg up to five per day as needed, Zoloft 100mg daily, and fluticasone 50mcg spray. On physical examination no pertinent findings were noted. The injured worker was recommended for additional physical therapy at this visit and continued on medications. Follow up on 11/18/13 noted slow return of right sided low back pain following the radiofrequency ablation procedures. The injured worker found that the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit was very helpful in regards to overall pain. The injured worker continued to be utilizing less Percocet at three a day. The injured worker was anticipating surgery for the shoulder. Medications remained unchanged. On physical examination no changes were noted. The injured worker returned on 12/11/13. Pain scores remained between 3 and 6/10 on VAS. The injured worker had right shoulder arthroscopy on 11/21/13 which caused the increase of pain medication usage. The injured worker was able to reduce her Percocet use

down back down to four per day instead of six due to surgery. Medications otherwise remained unchanged. No changes on physical examination were reported. Ambien was discontinued at this visit. The injured worker was seen on 01/08/14 with continuing complaints of low back pain radiating to the sole of the right foot. The injured worker continued to report benefits obtained with the use of a TENS unit. Medications at this visit included Ambien CR 12.5mg daily. The injured worker was also utilizing a Medrol DosePak at 4mg. Other medications remained unchanged. On physical examination there was pain noted with internal rotation of the right femur. The injured worker was given a peripheral nerve block in the area of the right sciatic nerve at this evaluation. The injured worker also received manual therapy manipulation and traction techniques. An updated MRI of the lumbar spine was considered. MS Contin and Percocet were continued at this visit. The injured worker was seen on 02/05/14 with complaints of worsening right sided low back pain. The injured worker reported three days of significant relief following the sciatic nerve right sciatic nerve block on 01/08/14. The injured worker reported some improvement with physical therapy. The injured worker also continued to report benefits from TENS unit. Medications were unchanged at this evaluation. Physical examination findings continued to note pain with internal rotation of the right femur. Flexeril was discontinued at this visit and the injured worker was prescribed Baclofen 10mg twice daily. There was a request for repeat radiofrequency ablation at L4-5 as the symptoms increased to the point where she was unable to participate fully in physical therapy. The injured worker was also recommended to consider trigger point injections versus greater occipital nerve blocks. Ambien was decreased back down to 10mg at this visit. The injured worker followed up on 02/18/14 with continuing complaints of pain increasing to 5-8/10 on VAS. The injured worker reported ongoing sleep disturbances secondary to pain. The injured worker was reported to be utilizing muscle relaxers on an as needed basis only. Anti-inflammatories were all contraindicated due to anaphylactic reactions. Physical examination noted tenderness to palpation of the lumbar spine. The injured worker still had pain with internal rotation of the right femur. The injured worker reported lack of improvement in regards to sleep with Ambien 10mg non-controlled release. The injured worker was recommended to return to Ambien CR 12.5mg. Follow up on 03/05/14 noted no changes in overall functional status. Physical examination findings remained unchanged. Ambien medications were continued at this visit. There was a continual recommendation for repeat radiofrequency ablation procedures. The injured worker underwent repeat L4-5 radiofrequency ablation of the medial branch nerves on 03/14/14 and 04/04/14 follow up on 05/02/14 noted 90% improvement in low back pain following recent radiofrequency ablation procedures. Physical examination continued to note tenderness to palpation in the paravertebral musculature of the lumbar spine. Positive trigger points were noted. The injured worker was given B12 complex injection at this evaluation. The requested Ambien 10mg #30 with three refills MS Contin 15mg #60 with three refills Percocet 10/325mg #120 with three refills TENS unit purchase radiofrequency ablation L4-5 to the right greater occipital nerve blocks lumbar MRI and Baclofen 10mg #60 with three refills were denied by utilization review on 02/10/14.

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

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

**AMBIEN 10MG #30 WITH THREE (3) REFILLS: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, ZOLPIDEM.

**Decision rationale:** From the clinical records provided for review, the injured worker reported no benefit from Ambien at 10mg. The injured worker was continually prescribed Ambien 12.5mg controlled release for the period of time in question. Given the lack of improvement with the use of Ambien at 10mg, this request is not considered medically necessary.

**MS CONTIN 15MG #60 WITH THREE (3) REFILLS BETWEEN 2/5/2014 AND 5/7/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** At most the injured worker would have required an additional one month refill of MS Contin between the evaluation on 02/05/14 and the next evaluation in March of 2014. Given that the injured worker has not had urine drug screen samples taken on a random basis as recommended by the MTUS Chronic Pain Guidelines for compliance testing, the multiple refills requested for this medication are not considered medically necessary and appropriate.

**PERCOCET 10.325MG #120 WITH THREE (3) REFILLS BETWEEN 2/5/2014 AND 5/7/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

**Decision rationale:** At most the injured worker would have required an additional one month refill of Percocet between the evaluation on 02/05/14 and the next evaluation in March of 2014. Given that the injured worker is not urine drug screen samples taken on a random basis as recommended by the MTUS Chronic Pain Guidelines for compliance testing, this reviewer would only have recommended an additional one month of Percocet for ongoing chronic pain. Therefore the multiple refills requested for this medication would not have been medically appropriate under the MTUS Chronic Pain Guidelines.

**TENS UNIT PURCHASE BETWEEN 2/5/2014 AND 3/23/2014:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 113-117.

**Decision rationale:** The injured worker has utilized a Transcutaneous Electrical Nerve Stimulation (TENS) unit on a trial basis for several months prior to 02/05/14. Per the records the injured worker had noted functional improvement and documented reduction in the amount of Percocet being taken daily. Per the MTUS Chronic Pain Guidelines the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit should be supported by evidence of functional improvement and pain reduction. Given that the clinical documentation did document functional improvement and the ability of the injured worker to reduce the amount of Percocet being taken on a daily basis, this request is medically necessary and appropriate.

**RIGHT RADIOFREQUENCY ABLATION L4-L5 BETWEEN 2/5/2014 AND 3/23/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, FACET JOINT RADIOFREQUENCY NEUROTOMY.

**Decision rationale:** The injured worker had previous radiofrequency ablation procedures in August of 2013 which provided up to 80% relief of symptoms with a noted reduction in medication usage for several months. Per the ODG, repeat radiofrequency ablation procedures for the lumbar spine should be supported by evidence of functional improvement and pain reduction. There should be at least 50% or more reduction in pain for at least 12 weeks to support repeat radiofrequency ablation procedures. Given that the injured worker obtained more than 50% pain relief for over three months following the radiofrequency ablation procedures in August of 2013, this request is medically necessary and appropriate.

**TRIGGER POINT INJECTION BETWEEN 2/5/2014 AND 3/23/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

**Decision rationale:** The clinical documentation provided minimal indications that the claimant received at least 50% reduction in pain for up to 6 weeks with indications of functional improvement and medication reduction to support repeat trigger point injections as outlined by

the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

**GREATER OCIPITAL NERVE BLOCK BETWEEN 2/5/2014 AND 3/23/2014:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK CHAPTER, GREATER OCCIPITAL NERVE BLOCKS.

**Decision rationale:** In regards to the request for greater occipital nerve blocks, the clinical documentation submitted for review did not identify any clear patterns of pain at the greater occipital nerves which would have supported the use of these injections. Furthermore the evidence in the clinical literature regarding efficacy of this type of block is limited. Given the absence of any clear clinical indications for the use of greater occipital nerve blocks in this injured worker, this request is not considered medically necessary.

**SINGLE POSITIONAL LUMBAR MRI BETWEEN 2/5/2014 AND 3/23/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** In regards to the requested positional MRI study of the lumbar spine, the clinical documentation submitted for review did not identify any progressive or severe neurological deficit in the lower extremities. There was also no evidence of any other red flag findings that would support emergent imaging. Per the ACOEM Guidelines, repeat MRI should be supported by objective evidence of a newer progressively severe neurological deficit. As this was not noted in the medical records provided for review, this request is not medically necessary and appropriate.

**BACLOFEN 10MG #60 WITH THREE (3) REFILLS BETWEEN 2/5/2014 AND 5/7/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxants is not recommended by the MTUS Chronic Pain Guidelines. At most, muscle relaxants are recommended for short term use only.

The efficacy of chronic muscle relaxant use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary and appropriate.