

<b>Case Number:</b>	CM14-0212996		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 neck pain reportedly associated with an industrial injury of June 19, 2014. In a Utilization Review Report dated December 4, 2014, the claims administrator denied both cervical and lumbar epidural steroid injection therapy. Gabapentin, naproxen, Prilosec, Elavil, and tramadol were also denied. The claims administrator referenced an RFA form received on December 1, 2014 in its determination. The applicant's attorney subsequently appealed. In a November 26, 2014 progress note, the applicant reported persistent complaints of low back pain, neck pain, and headaches. The applicant did report complaints of low back pain radiating into the right leg. The applicant still had significant pain and discomfort. The applicant also reported some radiation of neck pain down to the right forearm. 4+/5 right upper extremity strength was noted with 5-/5 right lower extremity strength also appreciated. The attending provider alluded to the applicant's having a shallow broad-based disk protrusion at C4-C5 with bilateral neuroforaminal narrowing and a broad-based disk protrusion at C5-C6 causing bilateral neuroforaminal narrowing. MRI imaging of the lumbar spine demonstrated facet hypertrophy and neuroforaminal narrowing at L4-L5. Electrodiagnostic testing of upper extremities dated November 26, 2014 was notable for mild C6 radiculopathy. Trigger point injections were performed in the clinic. The attending provider suggested that the applicant pursue cervical epidural steroid injection therapy at the C5-C6 level. In a November 24, 2014 progress note, the applicant's pain management physician noted that the applicant had ongoing complaints of neck and back pain. The applicant also reported complaints of sleep disturbance. Headaches were

reported. Straight leg raising about the low back was positive with a positive Spurling maneuver noted about the neck. The attending provider stated that the applicant's cervical MRI was also notable for broad-based disk protrusion at C6-C7 generating associated impingement upon the bilateral C7 exiting nerve roots. The applicant received refills of Neurontin, naproxen, Prilosec, Elavil, and tramadol, without any explicit discussion of medication efficacy. The applicant's work status was not stated. The attending provider suggested that the applicant pursue both cervical and lumbar epidural steroid injection therapy. The attending provider did allude to the applicant's having a disk protrusion at L4-L5 with associated neuroforaminal narrowing at the L4 level. In a November 12, 2014 progress note, the applicant was again described as having issues with neck and back pain radiating into the upper and lower extremities. The applicant was using naproxen and Norco, it was stated at this point in time. Trigger point injections were performed. On October 27, 2014, the applicant was given various prescriptions for naproxen, Neurontin, Elavil, capsaicin, and Voltaren gel, again, without any explicit discussion of medication efficacy. Epidural steroid injection therapy was again endorsed. The applicant's work status was not stated. There was no explicit discussion of medication efficacy which transpired on this date. In an earlier note of September 20, 2014 was notable for comments that the applicant was off of work. Twelve sessions of physical therapy were endorsed.

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

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

#### **Cervical ESI at C7-T1 with fluoroscopy: 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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does have some corroboration of radiculopathy at the C7 level, with evidence of disk protrusions noted at this level generating impingement upon the exiting C7 nerve roots, per an MRI of August 14, 2014. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, supports up to two diagnostic epidural blocks. The request in question represents a first-time epidural injection. Moving forward with a trial epidural steroid injection is, thus, indicated, given the failure of conservative treatments in the form of time, analgesic medications, opioid therapy, adjuvant medications, etc. Therefore, the request is medically necessary.

#### **Lumbar ESI at L5-S1 with fluoroscopy: 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 Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation ODG Low Back Chapter, Epidural Steroid Injections topic.

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injections as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed, the MTUS does not specifically address the topic of concomitant pursuit of lumbar and cervical epidural steroid injections. ODG's Low Back Chapter Epidural Steroid Injections topic notes that cervical and lumbar epidural steroid injections should not be performed on the same date. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks, performing cervical and lumbar epidural steroid injections on the same date could obviate the diagnostic effect of either block. Here, the attending provider has sought concurrent authorization for both cervical and lumbar epidural steroid injection therapy, suggesting that he intended to perform both injections on the same date. The request, thus, as written, is at odds with MTUS and ODG Guidelines. Therefore, the request is not medically necessary.

**Gabapentin 600mg:** 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 Gabapentin Page(s): 19.

**Decision rationale:** The request in question does represent a refill request. However, page 19 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability. Ongoing usage of gabapentin failed to attenuate the applicant's radicular pain complaints. Ongoing usage of gabapentin failed to diminish the applicant's dependence on opioid agents such as tramadol. The attending provider's progress note of November 24, 2014 did not contain any explicit discussion of medication efficacy other than to point out that the applicant's medications were helping very minimally if at all. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

**Naproxen 550mg:** 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 Functional Restoration Approach to Chronic Pain Management, anti-inflammatory medications Page(s).

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, despite ongoing usage of naproxen. Ongoing usage of naproxen has failed to curtail the applicant's dependence on opioid agents such as tramadol. The applicant himself reported on November 24, 2014 that naproxen was of "no help." All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing use of naproxen. Therefore, the request was not medically necessary.

**Omeprazole 20mg:** 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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the progress note provided contained no references of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

**Elavil 10mg:** 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 Functional Restoration Approach to Chronic Pain Management, Amitriptyline Page(s): 7, 13.

**Decision rationale:** While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline, a tricyclic antidepressant, is recommended in the chronic pain context present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, despite ongoing usage of Elavil. Ongoing usage of Elavil failed to curtail the applicant's dependence on opioid agents such as tramadol. The attending provider's commentary to the effect that the applicant's medications were of minimal-to-no help on November 24, 2014 likewise failed to make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

**Tramadol 50mg:** 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 When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant is off of work, on total temporary disability. The applicant himself reported on November 24, 2014 that his medications were of minimal-to-no help. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.