

<b>Case Number:</b>	CM14-0092396		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/11/2000
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker (IW) is a 63 year old female who sustained an industrial injury on 07/11/2000. She reported severe lower back pain and hip pain extending into the right leg. The injured worker was diagnosed as having lumbar disc degeneration, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included oral pain medication and epidural steroids with core strengthening, stretching, and low impact aerobic exercises. Currently, the injured worker complains of lower back pain radiating into the legs right greater than left. The pain is occasionally increased with certain activities such as bending, stooping or lifting. According to provider notes of 05/09/2014, her medications include Ambien 10 mg oral tablet once at bedtime, Ativan 1 mg oral one as needed for panic attacks, Duragesic Transdermal film, extended release, one patch on the skin every 2 days, Flexeril 10 mg oral tablet, one pill by mouth every 8 hours as needed, Lidoderm 5% topical film, 2 patches to the affected area once daily for 12 hours, Norco 10 mg-325 mg oral tablet, take one pill by mouth every 3 hours as needed. She has been stable on the above medication regimen and able to main function especially with activities of daily living. At this visit, the IW reports an increase in her pain symptoms with no specific causes. The character is constant, throbbing pain and the level is 7/10. It radiates to the bilateral legs, and is aggravated by daily activities of sitting, standing or bending at any length of time. A lumbar epidural steroid injection is requested along with refills of Lidoderm, Ambien, Flexeril, Norco, and Duragesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural steroid injection with fluoroscopy and conscious sedation: Overturned**

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an epidural injection. MTUS guidelines state the following: Recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. The patient has undergone two previous injections, with not much relief. Guidelines state a repeat injection should only be offered if there is at least a 50-70% improvement for 6-8 weeks following the previous injection. The patient does meet the current criteria at this time. According to the clinical documentation provided and current MTUS guidelines; an epidural injection, as stated above, is medically necessary to the patient at this time.

**Lidoderm patches 5%, #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page(s): 111-112.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lidoderm Patch. MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as gabapentin or Lyrica) Topical lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications were prescribed, but there is lack of documentation that states the patient has failed this medication. Therefore, Lidocaine Patches are not medically necessary to the patient at this time.

**Ambien 10mg, #28 with 2 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) Zolpidem (Ambien).

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

**Decision rationale:** MTUS treatment guidelines are silent about Ambien. Other guidelines were used in this review. ODG guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ambien. Guidelines state the following: recommends Ambien for short term use, usually two to six weeks for treatment of insomnia. There is concern for habit forming, impaired function and memory, as well as increased pain and depression over long term. The ambien prescribed is not for short term usage. According to the clinical documentation provided and current guidelines; Ambien is not medically necessary to the patient at this time.

**Flexeril 10mg, #84 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants page(s): 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Muscle Relaxants is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Muscle Relaxants requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Flexeril is not medically necessary to the patient at this time.

**Norco 10/325mg, #224:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco- Hydrocodone/Acetaminophen- Criteria for use of Opioids (6 months or more) Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use page(s): 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This has been documented in the clinical records, and it appears that this medication has given functional gain to the patient. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is medically necessary to the patient at this time.