

<b>Case Number:</b>	CM15-0013898		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/09/2003
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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 51-year-old who has filed a claim for chronic mid back, low back, and neck pain reportedly associated with an industrial injury of June 9, 2003. Thus far, the applicant was treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; three prior epidural steroid injections therapy; earlier lumbar spine surgery; spinal cord stimulator; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 15, 2013, the claims administrator failed to approve request for lumbar epidural injection, Dilaudid, Morphine, Lyrica, Flexeril, Cymbalta, and urine drug screen. The claims administrator referenced multiple historical utilization review reports in its determination, along with a December 18, 2014, progress note. The UR report was some 32 pages long and very difficult to follow. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported 8/10 low back pain, radiating to the left leg, severe. The applicant had received three epidural steroid injections, it was acknowledged. The applicant's medication list included Morphine, Lyrica, Dilaudid, Cymbalta, and Flexeril. The applicant was apparently receiving Worker's Compensation Indemnity Benefits, the treating provider acknowledged. Dilaudid, Morphine, Lyrica, Flexeril, and Cymbalta were renewed. The attending provider stated that the applicant was stable, but did not elaborate further. The attending provider acknowledged that the applicant had continuous pain complaints and appeared visibly uncomfortable. In an earlier note dated August 20, 2014, the attending provider acknowledged that the applicant had difficulty

performing activities of daily living as basic as walking, lifting, standing, sitting, bending and sleeping. Dilaudid, Morphine, Lyrica, Flexeril, and Cymbalta were renewed on that date.

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

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

**Transforaminal approach lumbar epidural steroid injection at the left L5 and S1 neural foraminal levels under fluoroscopic guidance with IV sedation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

**Decision rationale:** 1. No, the request for lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here. The request in question represents a repeat epidural injection. The applicant has had three prior epidural blocks. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections has been predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off of work despite receipt of three prior epidural steroid injections. The earlier epidural steroid injections had failed to curtail the applicant's dependence on opioids agents such as Morphine and Dilaudid. All of the foregone, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite receipt of three prior epidural steroid injections. Therefore, the request for a repeat epidural steroid injection was not medically necessary.

**Dilaudid 8mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

**Decision rationale:** 2. Similarly, the request for Dilaudid, a short acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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, however, the applicant was/is off of work, and receiving Worker's Compensation Indemnity Benefits, it was acknowledged from December 18, 2014. The applicant reported pain complaints in the 8/10 range on that date. The applicant was visibly uncomfortable. In an earlier note of August 27, 2014, the applicant acknowledged that various activities of daily living, including those as basic as walking, lifting, standing, sitting, and bending, remained problematic. The attending provider failed to outline any material improvements in function or quantifiable decrements in pain effected as a result of ongoing

opioid therapy, including ongoing Dilaudid therapy. Therefore, the request was not medically necessary.

**MS Contin 60mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

**Decision rationale:** 3. Similarly, the request for MS Contin, a long-acting opioid, was likewise not medically necessary, medically appropriate, and indicated here. 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, however, the applicant was/is off of work, despite ongoing Morphine usage. The applicant was receiving Worker's Compensation Indemnity Benefits, it was acknowledged on December 18, 2014. The applicant continues report pain complaints as high as 8/10, despite ongoing Morphine usage. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, and walking, it was acknowledged in a historical progress note of August 2, 2014. All of the foregone, taken together, did not make a compelling case for continuation of opioid therapy with MS Contin. Therefore, the request was not medically necessary.

**Lyrica 150mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

**Decision rationale:** 4. Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off work, receiving Worker's Compensation Indemnity Benefits, it was acknowledged in December 2014, despite ongoing Lyrica usage. The applicant continues to report severe 8/10 pain complaints on that date. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as MS Contin and Dilaudid. All of the foregone, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Lyrica. Therefore, the request was not medically necessary.

**Flexeril 10mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792..

**Decision rationale:** 5. Similarly, the request for Flexeril (cyclobenzaprine), was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended here. The applicant was/is using a variety of other agents, including Cymbalta, Morphine, Dilaudid, etc. Adding cyclobenzaprine or Flexeril to mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Cymbalta 60mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 -.

**Decision rationale:** 5. Similarly, the request for Cymbalta, an antidepressant and adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While 59 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta can be employed off labeled for radiculopathy, as was/is 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, however, the applicant was/is off of work, despite ongoing Cymbalta usage. The applicant continues to report pain complaints as high as 8/10, despite ongoing usage of Cymbalta. The applicant continues to report difficulty performing activities of daily living as basic as sitting, standing, bending, twisting, walking, again despite ongoing Cymbalta usage. Ongoing usage of Cymbalta failed to curtail the applicant's benefits with opioids agents such Dilaudid and Morphine. All of the foregone, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.

**Random urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTU. Decision based on Non-MTUS Citation Chronic Pain

**Decision rationale:** 6. Finally, the request for a random urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization. It should clearly state when the applicant was last tested, should eschew confirmatory testing outside of the emergency department drug overdose context, should attempt to categorize the applicant into higher or low risk categories for which more or less frequent drug testing would be indicated, and should attempt to conform to the best practice of the United States Department Transportation (DOT) when performing drug testing. Here, however, the attending provider did not state what drug test and/or drug panels were tested. The attending provider did not state whether the applicant was at a higher or lower risk individual for whom more or less frequent testing would be indicated. The attending provider did not signal his intention to conform to best practice of United States Department of Transportation (DOT) when performing testing nor did the attending provider signal his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.