

<b>Case Number:</b>	CM15-0119826		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 32 year old female, who sustained an industrial injury on 6/3/11. The injured worker was diagnosed as having chronic pain, cervical radiculopathy, lumbar radiculopathy, medication related dyspepsia and rule out right sacroiliitis. Treatment to date has included cervical epidural steroid injection, oral medications including Clonazepam, Buprenorphine, Butalbital, Carisoprodol, dilaudid, Fioricet, Gabapentin, Hydrocodone, Ibuprofen, Lunesta, Motrin, MS Contin, Naprosyn, Naproxen, Neurontin, Norco, Nucynta, Opana, Oxycodone, OxyContin, Percocet, Prilosec, Suboxone, Tramadol, Ultram, Vicodin and Vicodin ES; topical Fentanyl patch and Lidocaine ointment, physical therapy and home exercise program. (MRI) magnetic resonance imaging of lumbar spine performed on 2/20/12 revealed mild disc desiccation and mild broad-based bulge with stenosis at L4-5 and L5-S1 and (MRI) magnetic resonance imaging of cervical spine performed on 9/21/12 revealed less than 3mm right sided disc protrusion at C3-4 causing minimal right sided spinal stenosis and moderate right sided neural foraminal stenosis and less than 2mm central disc protrusion at C5-6 level with minimal spinal stenosis. Currently on 5/5/15, the injured worker complains of constant neck pain with radiation down both upper extremities to the fingers, accompanied by tingling frequently in the bilateral upper extremities to the level of the fingers, numbness frequently in the bilateral upper extremities to the level of fingers and muscle weakness frequently. The neck pain is associated with bilateral occipital and migraine headaches and difficulty sleeping. She also complains of low back pain which radiates down the bilateral lower extremities right greater than left to the feet, accompanied by numbness frequently in the bilateral lower extremities to the

level of the feet, tingling in bilateral lower extremities to notes and muscle weakness, she also complains of muscle spasms in the low back. She rates the pain as 4/10 with medications and 8/10 without medications; unchanged from previous visit. She is not working. Physical exam performed on 5/5/15 revealed cervical spasm with spinal vertebral tenderness in c4-7 and decreased range of motion due to pain; exam of lumbar spine revealed spasm of L4-5 with tenderness upon palpation in spinal vertebral area L4-S1 with restricted range of motion due to pain. The treatment plan included renewal of current medications including Fentanyl patch, Fioricet, Hydrocodone-APAP and Tizanidine.

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

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

**Norco 10/325mg #90 x 3-6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Short-acting opioids; On-Going Management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit or duration relief; in addition the pain is unchanged from previous visit. The injured worker has utilized Norco since at least 11/21/15 and there is documentation did not include a urine drug screening. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Fentanyl Patch 12 mcg/ H #10 x3-6 months: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**Decision rationale:** According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are

currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no documentation of the duration of pain relief, functional status, or response to ongoing opioid analgesic therapy. The injured worker has utilized Fentanyl since at least 11/21/14. A urine drug screen was not included with submitted documentation. The injured worker is not currently working. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Tizanidine 2mg #60 x3-6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Tizanidine Page(s): 66.

**Decision rationale:** Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. There is no documentation of functional improvement with the use of this medication. The guideline criteria do not support the long-term (greater than 2 weeks) use of muscle relaxants. Tizanidine has been utilized at least since 1/13/15. Medical necessity for the requested medication has not been established. The requested medication, Tizanidine, is not medically necessary.

**L4-S1 transforaminal Steroid Infusion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

**Decision rationale:** A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two (2) nerve root levels should be injected using

transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the MRI has revealed stenosis at L4-L5 and L5-S1. There is no information provided on the date of the previous epidural, the exact ESI performed, or documentation before or after the ESI, indicating a reduction in medication use, which would indicate a guideline requirement. In addition, no more than two (2) nerve root levels should be injected using transforaminal blocks, per guidelines. Medical necessity of the requested L4-S1 transforaminal ESIs has not been established. The requested services are not medically necessary.