

<b>Case Number:</b>	CM15-0120385		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/08/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38-year-old female who sustained an industrial injury on 08/30/2013. She reported progressive onset low back pain due to heavy lifting and carrying. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included oral medications, and a Lumbar transforaminal epidural steroid injection bilaterally at L5-S1 (06/01/2015). A MRI on 01/09/2014 noted disc protrusions at L2-3, L4-5, and L5-S1. Her diagnoses on 05/26/2015 included degeneration of cervical intervertebral disc; lumbosacral radiculitis; and chronic pain. Currently, the injured worker complains of low back pain in the bilateral low back that is aching, shooting, and stabbing on an intermittent basis that is aggravated by lumbar flexion. She denies bowel or bladder dysfunction or calf pain upon ambulation. She does have numbness in the bilateral lower extremities. She has neck pain in the bilateral C2 distribution that is described as dull, intermittent and aching. There is tingling in the bilateral upper extremities. The pain is aggravated by neck extension and relieved by rest. On examination the reflexes have absent DTR bilaterally in the lower extremities, and diminished light touch sensation in the S1 dermatomes bilaterally. Her gait and posture are normal. There is tenderness noted over paraspinal muscles overlying the facet joints on both sides and trigger points noted over the lower paraspinal area. Range of motion of the lumbar spine is normal except for limitations in flexion and extension, which are diminished. Motor strength is normal. Medications include Flexeril, which decreases her pain and spasm by 40 percent, Cymbalta that gives a 230 percent decrease in pain and depression with no adverse side effects, and is on the maintenance phase of opioid therapy taking Percocet with an analgesic response effect of 50

percent. The treatment plan included continuation of the above medications, scheduling the transforaminal epidural steroid injection, scheduling a psychiatric consult, and consideration of a spine surgery consult. A request for authorization is made for the following: 1. Oxycodone-Acetaminophen 5/325mg Qty 90, 2. Lyrica 25mg Qty 90, 3. Ondansetron 4mg Qty 60, 4. L4 Transforaminal ESI Qty 1 and 5. Cyclobenzaprine 5mg Qty 180.

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

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

**Ondansetron 4mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics and Other Medical Treatment Guidelines Ondansetron prescribing information.

**Decision rationale:** The claimant sustained a work injury in August 2013 and continues to be treated for radiating back pain. She underwent a diagnostic bilateral L5 transforaminal epidural steroid injection on 06/01/15. The injection was done with fluoroscopic guidance and the use of contrast showing appropriate medication spread. Authorization for a second transforaminal epidural steroid injection at the L4 level was requested. Medications being prescribed included Cyclobenzaprine, duloxetine, Lyrica, Oxycodone-acetaminophen, methimazole, and ondansetron. Gabapentin had been discontinued due to nausea. Indications for prescribing Zofran (ondansetron) are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed Oxycodone-acetaminophen, there is no history of opioid induced nausea. The use of this medication was not medically necessary.

**L4 Transforaminal ESI Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The claimant sustained a work injury in August 2013 and continues to be treated for radiating back pain. She underwent a diagnostic bilateral L5 transforaminal epidural steroid injection on 06/01/15. The injection was done with fluoroscopic guidance and the use of contrast showing appropriate medication spread. Authorization for a second transforaminal epidural steroid injection at the L4 level was requested. Medications being prescribed included cyclobenzaprine, duloxetine, Lyrica, oxycodone-acetaminophen, methimazole, and ondansetron.

Gabapentin had been discontinued due to nausea. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. A planned series of injections is not recommended. In this case, the request was made at the same time the first injection was performed and the procedure was done using contrast showing appropriate medication flow. The request for a second epidural steroid injection was not medically necessary.

**Cyclobenzaprine 5mg Qty 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 40-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work injury in August 2013 and continues to be treated for radiating back pain. She underwent a diagnostic bilateral L5 transforaminal epidural steroid injection on 06/01/15. The injection was done with fluoroscopic guidance and the use of contrast showing appropriate medication spread. Authorization for a second transforaminal epidural steroid injection at the L4 level was requested. Medications being prescribed included Cyclobenzaprine, duloxetine, Lyrica, Oxycodone-acetaminophen, methimazole, and ondansetron. Gabapentin had been discontinued due to nausea. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with intended ongoing long-term use and was not medically necessary.