

<b>Case Number:</b>	CM15-0021981		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: California, Washington

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 is a 66 year old female, who sustained an industrial injury on February 14, 2002. She reported an injury when she slipped and fell on a pallet. The diagnoses have included cervical disc disease, cervical radiculopathy, bilateral shoulder internal derangement, thoracolumbar musculoligamentous train, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and chronic pain. Treatment to date has included medications, activity modification, LSO brace, wrist brace, use of a cane and roller walker, physical therapy, chiropractic therapy, home exercise and surgery. Currently, the injured worker complains of continued lumbar pain which she rated an 8 on a 10-point scale. She reported that her lumbar pain had increased since the previous examination and she reported sharp pain and numbness/tingling radiating into the lower extremities and her shoulders. On examination, the injured worker had decreased cervical lordosis with moderate tenderness to palpation and spasms in the cervical paraspinal muscles. There was tenderness over the cervical facets from C4-C7. The lumbar spine had diffuse moderate to severe tenderness to palpation over the lumbar paraspinal muscles and over the facets from L3-S1. The lumbar spine range of motion was limited and sensation decreased over the L5-S1 dermatomes. On January 12, 2015 Utilization Review modified a request for Tramadol 150 mg #60, Norco 10/325mg #90, Xanax 1 mg #60; and non-certified a request for Hardware block injection, Protonix 20 mg #30 and Flexeril 7.5 mg #60. The UR physician noted that partial certification of Tramadol and Norco was given to allow time for the submission of medication compliance guidelines including documentation of current urine drug test, risk assessment profile, attempts at weaning/tapering and an updated and

signed pain contract , evidence of ongoing efficacy including measurable subjective and/or functional benefit with prior use; noting that Xanax was recommended for tapering, noting that it is reasonable to assess the injured worker's response to medial branch block injections prior to requesting hardware block injections, noting that the functional benefits of Protonix have not been discussed and noting that there is no documentation of the functional benefit of Flexeril in previous use. The California Medical Treatment Utilization Schedule and the Official Disability Guideline was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Flexeril 7.5 mg #60, Tramadol 150 mg #60, Protonix 20 mg #30, Norco 10/325mg #90, Xanax 1 mg #60, Hardware block injection and bilateral L2-L3 and L3-L4 medial branch block injections.

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

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

**Flexeril 7.5mg one p.o. b.i.d. #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): s 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication for an unknown duration. Despite the ongoing use of this medication, the injured worker continues to demonstrate palpable muscle spasm. There is no documentation of objective functional improvement. The California MTUS Guidelines do not recommend long term use of this medication. Given the above, the request is not medically necessary.

**Tramadol 150mg one p.o. b.i.d #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Tramadol (Ultram) Page(s): 62.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 05/2014. There is no documentation of objective functional improvement.

Therefore, the ongoing use of this medication would not be supported. As such, the request is not medically necessary.

**Protonix 20mg one p.o. b.i.d #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID; Pantoprazole (Protonix) Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter; FDA, (Pantoprazole (Protonix) ); Proton pump inhibitors (PPIs), see NSAID. (<http://www.drugs.com/edu/pantoprazole.html>).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. As such, the request is not medically appropriate.

**Norco 10/325mg one p.o. b.i.d #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 05/2014. There is no documentation of objective functional improvement. Therefore, the ongoing use of this medication would not be supported. As such, the request is not medically necessary.

**Xanax 1mg one p.o. b.i.d #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Xanax) Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. In

this case, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for a benzodiazepine has not been established in this case. The guidelines do not support long term use of this medication. Given the above, the request is not medically necessary.

**Hardware block injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Hardware injection block.

**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 Chapter, Hardware injection (block).

**Decision rationale:** According to the Official Disability Guidelines, a hardware injection (block) is recommended only for diagnostic evaluation of failed back surgery syndrome. In this case, the injured worker is pending authorization for lumbar medial branch blocks. The injured worker's response to the initially requested procedure would need to be documented prior to an additional diagnostic injection. Given the above, the request is not medically necessary.

**Bilateral L2-L3, L3-L4 Medical Branch block injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 296-300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, medial branch blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic block.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint pain, signs, and symptoms. Although the provider has documented facet joint pain upon examination, there is also objective evidence of lumbar radiculopathy. The Official Disability Guidelines do not recommend facet joint diagnostic blocks when there is evidence of lumbar radicular symptoms. Given the above, the request is not medically necessary.