

<b>Case Number:</b>	CM15-0023654		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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 52-year-old male who reported an injury on 09/05/2007. The injured worker reportedly suffered a twisting low back injury while holding a child. The current diagnoses include lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar spondylosis without myelopathy, lumbar degenerative disc disease, and lumbago. The injured worker presented on 01/02/2015 for a follow-up evaluation. Prior treatment has included a transforaminal epidural steroid injection on 05/16/2013 and 01/18/2014. The injured worker has also been previously treated with several medications, 11 sessions of acupuncture, and 18 sessions of physical therapy. The injured worker reported persistent low back pain rated 8/10 as well as neck pain with radiating symptoms in the bilateral upper extremities. The current medication regimen includes Nucynta, Cymbalta, LidoPro cream, aspirin, metoprolol, lisinopril, and Tylenol. The injured worker is noted to be status post back surgery in 2011. Upon examination, there was 5/5 motor strength in the bilateral lower extremities with full range of motion, tenderness to palpation of the lumbar spine, and positive seated straight leg raise bilaterally. Sensation was inconsistent throughout the upper and lower extremities. Recommendations included continuation of the current medication regimen, a lumbar support brace, and an epidural steroid injection x2. A Request for Authorization form was submitted on 01/02/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Interlaminar epidural steroid injection at L5-S1 x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

**Decision rationale:** California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no documentation of radicular symptoms in a specific myotomal or dermatomal distribution. In addition, the request as submitted for 2 separate interlaminar epidural steroid injections at the L5-S1 level would not be supported, as the injured worker's initial response should be documented prior to the administration of a second injection. Given the above, the request is not medically necessary.

**Eszopiclone 2mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. The injured worker does not maintain a diagnosis of insomnia disorder. There is also no evidence of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. There is no frequency listed in the request. Given the above, the request is not medically necessary.

**CM3 Ketoprofen 20% 30gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing ketoprofen would not be supported. As such, the request is not medically necessary.

**Nucynta 100mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, <http://www.odgtwc.com/odgtwc/pain.htm#Opioids>.

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

**Decision rationale:** The Official Disability Guidelines recommend Nucynta only as a second line option for patients who develop intolerable adverse effects with first line opioids. In this case, there was no documentation of adverse effects of first line opioids. The injured worker has utilized the above medication since 11/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

**XXL Mesh back support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar Supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of spinal instability upon examination. The medical necessity for a lumbar support brace has not been established in this case. As such, the request is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the

clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

**Follow-up:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physician followup can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, the injured worker has complaints of chronic pain over multiple areas of the body and is currently utilizing several medications. While a followup with a pain management specialist can be considered, the request as submitted did not specify whether the followup visit was for the primary care physician or other specialty provider. Given the above, the request is not medically necessary.