

<b>Case Number:</b>	CM15-0074073		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/14/2009
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Internal 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 injured worker is a 65-year-old male who sustained an industrial injury on 8/14/09 while lifting lumber he developed left knee pain. His treatment included arthroscopic left knee surgery (10/5/09) which did not resolve his pain and he developed right knee pain. He currently complains of lumbar radicular pain with radiation to bilateral legs right greater than left with numbness and tingling. His pain level is 7/10. Medications are diclofenac, omeprazole, buspirone, melatonin and gabapentin. Diagnoses include lumbar and cervical radicular pain; lumbar radiculopathy; anxiety; depression; status post left total knee replacement (8/5/13); left knee manipulation (1/15/14); diabetes; left shoulder tendinitis; degenerative arthritis bilateral knees; insomnia. Treatments to date include medications, which are helpful; lumbar epidural steroid injection (11/18/14) with 70% relief of pain for three months; two epidural steroid injections to the neck with short relief; physical therapy. Diagnostics include x-rays of the lumbar spine (12/11/14) with abnormalities; x-ray of the cervical spine (12/11/14) with abnormalities; MRI of the lumbar spine (11/10/14) abnormal. In the progress note dated 3/3/15 the treating provider's plan of care requests L4-5 epidural steroid injection; C7-T1 interlaminar epidural steroid injection; nicotine patch for smoking cessation; tizanidine for pain; Melatonin for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability guidelines: ESIs.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Other criteria for ESIs include, no more than 2 nerve root levels to be injected using transforaminal blocks, or more than one (1) intralaminar level injected per session. In this case the claimant had a previous EPSI in 2014 and was approved for another injection 3/23/15. There is no specific indication for another injection at this time. Medical necessity for the requested service has not been established. The requested translaminal L5/S1 epidural steroid injection is not medically necessary.

**Cervical epidural steroid injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: ESIs.

**Decision rationale:** According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain. Criteria for use of cervical epidural steroid injections (CESI's) include radiculopathy that must be documented by physical exam and corroborated by imaging According to the California MTUS Treatment Guidelines, epidural steroid injections are recommended as studies and/or electrodiagnostic testing. The patient should be initially unresponsive to conservative treatments such as exercise programs, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. CESI's are of uncertain benefit and should be preserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. In this case, there was no documentation of radiculopathy on physical exam. Medical necessity for the requested service is not established. The requested service is not medically necessary.

**Nicotine patch:** 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 UpToDate.

**Decision rationale:** A nicotine patch is a transdermal patch that releases nicotine into the body through the skin. It is used as an aid in nicotine replacement therapy (NRT), a process for smoking cessation. There is no documentation indicating that the medication is necessary for the treatment of any work-related injuries. There is no specific indication for the requested nicotine patch for the treatment of the claimant's chronic pain conditions. Medical necessity for the requested item is not established. The requested item is not medically necessary.

**Tizandine:** Upheld

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

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

**Decision rationale:** Zanaflex (Tizanidine) 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 also no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, a previous trial of muscle relaxant therapy has been approved. There is no specific indication for the requested Tizanidine therapy. Medical necessity for the requested medication has not been established. The requested is not medically necessary.

**Melatonin:** Overturned

**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 ODG Chronic Pain.

**Decision rationale:** Melatonin, chemically N-acetyl-5-methoxy tryptamine, is a substance found in animals, plants, fungi and bacteria. In animals, it is a hormone that anticipates the daily onset of darkness; however, in other organisms it may have different functions. Likewise, the synthesis of melatonin in animals differs from that in other organisms. In animals, melatonin is involved in the entrainment (synchronization) of the circadian rhythms of physiological functions including sleep timing, blood pressure regulation, seasonal reproduction and many others. Many of melatonin's biological effects in animals are produced through activation of melatonin receptors while others are due to its role as a pervasive and

powerful antioxidant, [5] with a particular role in the protection of nuclear and mitochondrial DNA. The hormone can be used as a sleep aid and in the treatment of some sleep disorders. The documentation indicates the claimant has sleep issues related to his chronic pain condition. Medical necessity for the requested item is established. The requested item is medically necessary.