

<b>Case Number:</b>	CM15-0098432		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	08/12/2003
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old female, with a reported date of injury of 08/12/2003. The diagnoses include cervical radiculopathy, cervical spinal stenosis, lumbar facet arthropathy, and lumbar radiculopathy. Treatments to date have included an MRI of the lumbar spine on 09/25/2013; oral medications; and transforaminal epidural steroid injection at bilateral L4-S1 on 03/10/2014. The pain medicine re-evaluation dated 04/27/2015 indicates that the injured worker complained of neck pain with radiation down the bilateral upper extremities to the hands, and low back pain with radiation down the bilateral lower extremities. The pain was rated 8 out of 10 on average with medications since the last visit; and rated 9 out of 10 on average without medications since the last visit. The injured worker's pain was reported as unchanged since her last visit. She reported medication associated gastrointestinal upset. The injured worker also reported ongoing activity of daily living limitations due to pain. She reported that her quality of life had improved as a result of conservative treatment. The physical examination of the cervical spine showed tenderness upon palpation at the bilateral paravertebral C4-6 area, slightly to moderately limited range of motion, increased pain with range of motion, decreased light touch sensation in the bilateral upper extremities, and the affected dermatome is C4-6, and positive axial compression. An examination of the lumbar spine showed spasm in the bilateral paraspinous musculature, tenderness upon palpation in the bilateral paravertebral area at L4-5, moderately limited range of motion due to pain, significantly increased pain with range of motion, and decreased strength. The pain medicine re-evaluation dated 03/30/2015 indicates that the injured worker rated her pain 8 out of 10 on average with medications since the last visit; and

rated 9 out of 10 on average without medications since the last visit. The treating physician requested bilateral C4-6 cervical epidural under fluoroscopy, Tizanidine 2mg #30 with one refill, Norco 10/325mg #120 with one refill, and Lidocaine 5% ointment with one refill.

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

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

#### **Bilateral C4-6 Cervical Epidural under Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.

#### **Tizanidine 2mg QHS #30 with 1 refill: Overturned**

**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): 63-66.

**Decision rationale:** MTUS in general does not recommend muscle relaxants for chronic use, as noted in an initial physician review. However Tizanidine is supported as a first-line medical for myofascial pain or chronic back pain. Particularly given the recommendation to non-certify opioid treatment, this is a first-line treatment. The request is medically necessary.

#### **Norco 10/325mg one Q6hrs #120 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The

records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

**Lidocaine 5% Ointment, apply BID #1 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidoderm Page(s): 112.

**Decision rationale:** MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.