

<b>Case Number:</b>	CM13-0006184		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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/services.

### 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 patient is a 52-year-old female with a reported date of injury on 11/19/2001. The patient was noted to have worsening lumbar pain with bilateral radiculopathy to the lower extremities, pain in the L3-4 dermatomal distribution, objective weakness, reduced deep tendon reflexes, sensory changes to the lower extremities that were consistent with L3-4 nerve impingement, and muscle strength was 4/5 at the extensors and flexors at the hips and knees bilaterally. There was moderate weakness of the hamstrings in hip flexion. The patient's deep tendon reflexes were 1+ at the quadriceps femoris bilaterally and 1+ at the Achilles bilaterally. Sensation was decreased to light touch and pinprick to the anterior aspect of the upper thighs bilaterally, right worse than left, and plantar flexion was 4/5 bilaterally, as well as dorsiflexion of the great toes was 4/5 bilaterally. The patient previously underwent an EMG of the lower extremities and MRI of the lumbar spine. The patient had diagnoses including status post lumbar decompression and fusion, L4-5, and possible lateral recess stenosis at L3-4. The physician's treatment plan included a request for 1 epidural steroid injection at L3-4 and 1 prescription of hydrocodone/acetaminophen 10/325 mg with 2 refills #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) epidural steroid injection at L3-4:** 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 injections (ESIs) Page(s): 46.

**Decision rationale:** The California MTUS Guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The patient underwent a prior lumbar epidural steroid injection at bilateral L3-4 on 08/24/2012 which the patient reported gave greater than 50% pain relief following the injection. The patient was able to reduce her Norco from 3 times to 2 times per day for about 6 months before the pain slowly returned and during that time, her function was increased. The patient was able to walk, stand, and sit for much longer amounts of time before her pain set in. The provider noted the patient trialed conservative therapy, such as aqua therapy, physical therapy, a home exercise program, NSAIDs, and opioids without adequate pain relief. The patient presented with 4/5 strength at the extensors and flexors of the hips and knees bilaterally, moderate weakness of hamstrings in hip flexion, deep tendon reflexes at the quadriceps femoris were 1+, Achilles reflexes were 1+ bilaterally, and sensation was decreased to light touch and pinprick to the anterior aspect of the patient's upper thighs bilaterally, right worse than left. The patient's low back pain radiated to her bilateral hips and down the anterior aspect of her lower extremities concentrated mostly to her anterior thighs. It was noted within the provided documentation, the patient has undergone lumbar MRI, CT, and a lower extremity EMG; however, the reports of these diagnostic studies were not provided within the medical records. Additionally, the guidelines recommend the use of fluoroscopy when administering epidural steroid injections; it was unclear if fluoroscopy would be used to administer the injection. Therefore, the request for 1 epidural steroid injection at L3-4 is neither medically necessary, nor appropriate.

**One (1) prescription of Hydrocodone-Acetaminophen 10/325mg with two (2) refills of #90:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose should be prescribed to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid;

how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Within the provided documentation, it was noted the patient rated her pain 3/10 to 4/10 with medications and 8/10 to 9/10 without medication. The patient reported she was able to engage in physical activity including standing, sitting, reclining, walking, and climbing stairs with the use of her medications. The patient reported she was able to stand no longer than 25 minutes before she has to lie down because of pain. The patient is able to sit for 20 minutes, walk for 20 minutes, and can climb 1 flight of stairs while utilizing her medications, not without. Within the provided documentation, the physician noted opioid medications did not provide relief for the patient. Additionally, the request for 3 prescriptions (including 2 refills) would not be appropriate. Therefore, the request for 1 prescription of hydrocodone/acetaminophen 10/325 mg with 2 refills #90 is neither medically necessary, nor appropriate.