

<b>Case Number:</b>	CM13-0044267		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/22/2001
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 and Pain Medicine, and is licensed to practice in Ohio 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old male who reported an injury on 09/22/2001. The mechanism of injury was not provided in the medical record. Review of the medical record reveals the patient's diagnosis was post lumbar lami syndrome with severe stenosis and left lumbar spine radiculopathy, lumbar facet arthropathy, rheumatoid arthritis, and left lumbar radiculopathy. The most recent clinical note dated 12/12/2013 reveals the patient's medication regimen includes OxyContin 80 mg 1 daily, Dilaudid 4 mg 1 to 2 tablets 3 times daily as needed, Flexeril 10 mg 3 times a day as needed, Lidoderm Patches, folic acid 1 mg daily, methotrexate 2.5 mg weekly, prednisone 5 mg 1 twice a day, and Humira Pen 40 mg. The patient complained of left elbow and mid back pain. He states his pain is worse in the left elbow and the lower back area. There are myofascial spasms noted in the upper back. There was positive tenderness to palpation to the cervical spine bilaterally. Decreased cervical rotation was noted. Assessment of the lumbar spine noted positive tenderness to palpation over the sacroiliac joint and the piriformis muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** Per California MTUS Guidelines when there is ongoing medication management with opioid therapy, it is required that there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There must also be a pain assessment that would include the patient's current level, the least reported pain over the period since the last assessment; average pain, and intensity of pain after taking the opioid. There are no objective clinical findings documented in the medical records that suggest that the requested medication is helping relieve the patient's pain, increase his functional status, and/or increasing his quality of life as recommended by California MTUS Guidelines. Therefore, the medical necessity for the medication requested cannot be determined at this time. The request for Dilaudid 4 mg 180 tablets is non-certified.

**2 transforaminal epidural steroid injections to left L4, L5 and S1: Upheld**

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

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

**Decision rationale:** The request for 2 transforaminal epidural steroid injections to the left L4, L5, and S1 is not medically necessary. Per California MTUS Guidelines, criteria for epidural steroid injections state there must be documentation of radiculopathy by physical examination, and it must be corroborated by imaging studies and/or electrodiagnostic testing. While there is documentation of objective findings of radiculopathy provided in the medical record, there are no diagnostic studies or imaging results provided in the medical record to corroborate the physical exam findings. Therefore, the medical necessity for the requested service cannot be determined at this time, and the request for 2 transforaminal epidural steroid injections to the left L4, L5, and S1 is non-certified.