

<b>Case Number:</b>	CM13-0048096		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in 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 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/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 injured worker is a 72 year old female injured on 01/22/03 when she was lifting a heavy bottle of water resulting in low back pain. The patient has subsequently undergone laminectomy and fusion surgery for the lumbar spine at L4-5 and post-surgically she developed sciatica down her left leg. The injured worker ambulates with the assistance of a cane. The psychiatric reevaluation performed on 05/15/13 indicated the injured worker complained of ongoing low back pain with left lower extremity pain rated on average at 8/10. The patient participated in approximately 18 psychotherapy sessions. The most recent clinical note referenced in the psychiatric QME is dated 03/15/13 in which the physician describes the results of CT myelogram noting solid fusion without significant abnormalities. The initial request for Norco 10/325mg #200 and transforaminal epidural lumbar injection to the left L4-5 was initially non-certified on 10/28/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF NORCO 10/325MG, #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, state that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The most recent clinical documentation submitted for review consisted of the psychiatric Qualified Medical Examination (QME) dated 03/15/13. Without recent clinical documentation to establish the claimant's current clinical status the request cannot be supported. Therefore the request for Norco 10/325mg #200 is not medically necessary and appropriate.

**ONE TRANSFORAMINAL EPIDURAL LUMBAR INJECTION TO THE LEFT L4-5:**  
Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, 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 most recent clinical documentation submitted for review consisted of the psychiatric QME dated 03/15/13. Without recent clinical documentation to establish the injured worker's current clinical status the request cannot be supported. Therefore, the request for Transforaminal epidural lumbar injection to left L4-5 is not medically necessary and appropriate.