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| <b>Case Number:</b>   | CM13-0049763 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 10/22/2012 |
| <b>Decision Date:</b> | 03/06/2014   | <b>UR Denial Date:</b>       | 10/25/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/08/2013 |

### 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 is licensed to practice in Illinois. 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 29 year old male who reported an injury on 10/22/2012. The mechanism of injury was not submitted. The patient was diagnosed with lumbar spine sprain/strain; moderate acute paraspinal muscle spasm, rule out disc; lumbar radiculitis, right lower extremity; depression; and degenerative disc disease at L5-S1. The patient reported that his low back pain is severe and causes him pain when he sits and stands. The patient reported that 90% of the time the left leg hurts. He reported the back pain is constant. The patient had 1 previous lumbar epidural steroid injection which provided a few weeks worth of moderate pain relief. During this time frame, the patient used less medication. The physical exam revealed a positive straight leg raise on the right and left at 70 degrees. The patient also had a positive LasA"gue's. There was tenderness to palpation over midline and bilateral lumbar facets, L4-S1. The patient had severely restricted range of motion in all levels. Motor weakness was 3/5 to 4/5 on the right EHL and FHL. Treatment plan included holding the patient's physical therapy due to severe pain; and EMG/NCV for the bilateral lower extremities; Norco 10/325 mg 2 tablets up to 3 times daily as needed for moderate to moderately severe pain; Restoril 30 mg 1 tablet by mouth at bedtime; Flexeril 7.5 mg 1 tablet 3 times daily for muscle spasms; psychological referral secondary to worsening depression; a memory foam bed; chiropractic treatments; ketoprofen cream; lumbar epidural steroid injection x2; and a followup appointment in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Epidural Steroid Injection at Bilateral L5-S1: Upheld**

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

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

**Decision rationale:** CA MTUS states the purpose of epidural steroid injections are 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 guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must also be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The patient continued to complain of severe pain. The patient had a previous lumbar epidural steroid injection which provided a few weeks worth of moderate pain relief. However, no clinical documentation was submitted indicating failure of conservative treatment or the percentage and duration of pain relief experienced as a result of the prior injection. Also, no imaging studies corroborating radiculopathy were submitted for review. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Pharmacy Purchase of Norco 10/325mg Number 80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-going management Page(s): 78.

**Decision rationale:** CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring for chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (nonadherent), drug related behaviors. The patient complained of severe pain to the lumbar region. However, the clinical documentation does not show pain relief for the patient or an improvement in physical functioning. Also, no documentation was submitted indicating any side effects or a pain assessment. Given the lack of documentation to support the guideline criteria, the request is non-certified.

**Flexeril Number Seventy:** Upheld

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

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

**Decision rationale:** CA MTUS recommends Flexeril for a short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use. This medication is not recommended to be used for longer than 2 to 3 weeks. The patient continued to complain of severe pain to the lumbar area. However, the clinical documentation submitted for review indicates the patient has been taking the medication for more than 3 weeks. Also, the documentation does not indicate an improvement in function. Given the lack of documentation to support guideline criteria, the request is non-certified.

**Ketoprofen:** 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 Page(s): 111-113.

**Decision rationale:** CA MTUS states nonsteroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have inconsistent with most studies being small and of short duration. They have been found in studies to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDS have been shown to be superior to placebo for 4 to 12 weeks. However, again the effect appeared to diminished over time and it was stated that further research was required to determine if results were similar for all preparations. The patient continued to complain of severe pain to the low back. However, the guidelines do not recommend nonsteroidal anti-inflammatory topical analgesics. Given the lack of documentation to support guideline criteria, the request is non-certified.