

<b>Case Number:</b>	CM13-0050757		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/14/2005
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This is a 53 year-old male who was injured on 3/14/05. According to the 10/10/13 pain management report from [REDACTED], the patient presents with 7-8/10 low back pain with bilateral lower extremity pain, left worse than right. He was still awaiting authorization for a lumbar epidural steroid injection (ESI) for his lumbar spinal stenosis (left L5/S1 interlaminar approach). He was taking Norco 10/325mg up to 4/day prn; Flexeril 10mg bid prn spasm; Motrin 800mg tid; Prilosec 20mg; and Ultram 50mg qid prn daytime pain. The diagnoses included chronic low back pain; bilateral lower extremity pain, left worse than right; Severe L3/4 spinal stenosis, moderate L4/5 spinal stenosis; posterior L3/4 disc herniation; multiple lumbar degenerative discs; and lumbar facet joint hypertrophy. On exam he was reported to have diffuse left lower extremity pain, reproduced with left supine straight leg raise (SLR) at 35 degrees. The patient still works full time without restrictions at an office position for the [REDACTED]. On 11/1/13, [REDACTED] UR modified Norco to allow #90 of the #120 requested, and approved Motrin and Prilosec, and recommended non-certification for the L5/S1 ESI, Flexeril and Ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) LEFT INTERLAMINAR EPIDURAL STEROID INJECTION:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to the 10/10/13 pain management report from [REDACTED], the patient presents with 7-8/10 low back pain with bilateral lower extremity pain, left worse than right. The patient was described as having diffuse left leg pain, in no particular dermatomal distribution. There is also history of prior left leg surgery from 1978. There were no MRI reports provided for this IMR. [REDACTED] stated the MRI from 10/24/12 showed central canal stenosis at multiple levels, but there was no mention of foraminal narrowing or nerve root compression. MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records were reviewed from the initial report from [REDACTED], dated 1/11/13 through his 10/10/13 report, and the records do not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The MTUS criteria for an ESI has not been met.

**NORCO 10/325 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN OUTCOMES AND ENDPOINTS Page(s): 8-9.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the 10/10/13 pain management report from [REDACTED], the patient presents with 7-8/10 low back pain with bilateral lower extremity pain, left worse than right. The medical records from the initial 1/11/13 report from [REDACTED], through his 10/10/13 report were reviewed for documentation of efficacy of medications. The reports provide a pain assessment, but do not compare pain scales with medication use to a baseline. MTUS guidelines for Opioids, long-term users (6-months or more), under Criteria for Use of Opioids, requires the physician to: "Document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." here is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response.

**FLEXERIL 10 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the 10/10/13 pain management report from [REDACTED], the patient presents with 7-8/10 low back pain with bilateral lower extremity pain, left worse than right. The medical records from the initial 1/11/13 report from [REDACTED], through his 10/10/13 report were reviewed. The records show that Flexeril was prescribed continuously since 1/11/13. MTUS guidelines specifically state that Flexeril is not recommended for use over 3-weeks. The continued use of Flexeril over 10-months exceeds MTUS recommendations.

**ULTRAM 50 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN OUTCOMES AND ENDPOINTS Page(s): 8-9.

**Decision rationale:** The Expert Reviewer's decision rationale: According to the 10/10/13 pain management report from [REDACTED], the patient presents with 7-8/10 low back pain with bilateral lower extremity pain, left worse than right. The medical records from the initial 1/11/13 report from [REDACTED], through his 10/10/13 report were reviewed for documentation of efficacy of medications. The patient was reported to have difficulty with using Norco at work and during the day, and Ultram was first prescribed on 5/29/13 for daytime pain and Norco was to be used at nights and weekends. But on the follow-up report, dated 8/15/13, there is no discussion of whether the Ultram was effective or not. MTUS on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Ultram. MTUS does not recommend continuing treatment if there is not a satisfactory response.