

<b>Case Number:</b>	CM14-0007051		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 and Rehabilitation 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:

The patient is a 25 year old male who was injured on 05/10/2011 while he was working. He was trying to lift some heavy pieces of wood and he hurt his back. He felt pulling in his back and had weakness. Prior treatment history has included several sessions of chiropractic therapy, lumbar epidural steroid injections with 20% relief. The patient's medications as 02/05/2014 include Norco 10/325, Pepcid 40 mg, DSS 250 mg, and Senna. There are no diagnostics for review. Soap note dated 02/05/2014 indicates the patient complains of low back pain which he rates at 5/10 and can peak to 7/10. The pain is reduced with Norco. Objective findings on exam revealed there is tenderness to palpation of the lumbosacral spine on the midline of L5-S1. Trunk flexion is the primary aggravating factor. He ambulates with an antalgic gait and does not utilize a supportive device. There is no documentation of range of motion, motor power, or sensation. The patient is diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, lumbago, myalgia and myositis, unspecified. The treatment and plan included a request for authorization of lumbar epidural steroid injection at the L4-L5 and four additional visits for chiropractic care. The patient is prescribed Tramadol 50 mg, Soma 350 mg, Norco 10/325 mg, and Prilosec 20 mg, and gabapentin 100 mg. Prior Utilization Review (UR) dated 12/30/2013 states the request for one L4-5 lumbar epidural steroid injection is not medically necessary and appropriate due to a lack of evidence/clinical findings to warrant an injection. The request for a TENS unit is not medically necessary and appropriate as the patient does not meet the criteria per the guidelines. The request for Tramadol is not medically necessary and appropriate as documentation states the patient receives no benefit from this medication. The request for Soma is not medically necessary and appropriate as it is used as a short term treatment option. The request for Norco is not medically necessary and appropriate as it is not helping to improve the patient's functional improvement. The request for Prilosec is not medically necessary and

appropriate as there is no evidence to support any diagnosis of Gastroesophageal Reflux Disease (GERD) or GERD syndrome.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 L4-5 LUMBAR EPIDURAL STEROID INJECTION: Upheld**

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

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

**Decision rationale:** According to the CA MTUS guidelines, Epidural Steroid Injection is recommended for as it can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The medical records document the patient was diagnosed with diagnosed with chronic back pain. The patient had received Lumbar ESI sometime in October 20012 with 20% pain relief as documented in the prior Utilization Review (UR). In the absence of documented conservative treatment trials and in the lack of documentation about the prior injection, the request is not medically necessary according to the guidelines.

#### **TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114-116.

**Decision rationale:** According to the CA MTUS guidelines, Transcutaneous Electrical Nerve Stimulation (TENS), chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The medical records document the patient was diagnosed with diagnosed with chronic back pain. In the absence of documented a home-based trial for one month, the request is not medically necessary according to the guidelines.

#### **TRAMADOL 50MG #120 WITH 2 REFILLS: 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): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, Tramadol a central acting analgesics which may be used to treat chronic pain and it is effective in neuropathic pain as a second line therapy. In chronic back pain it appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Opioid dosing is Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The medical records document the patient was diagnosed with chronic back. The patient is currently on Norco. In the absence of documented significant improvement of pain and function, and absence of documented failure trial of first line treatment such as antidepressant and antiepileptic, further, there is no documentation of dose escalating. Therefore, the request is not medically necessary according to the guidelines. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms.

**SOMA 350MG #60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**Decision rationale:** According to the CA MTUS guidelines, Soma "Carisprodol" is not recommended for longer than 2-3 weeks period. The medical records document the patient was diagnosed with chronic back. The patient is currently on Norco. In the absence of documented significant improvement of pain and function, and absence of documented muscle spasm or acute exacerbation of back pain that is not responding to other pain medication, the request is not medically necessary according to the guidelines.

**NORCO 10/325MG #120 WITH 2 REFILLS:** 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): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, Norco is a shorting acting Opioids that is recommended for intermittent or breakthrough pain, consideration of alternative therapy. Opioid dosing is Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The medical records document the patient was diagnosed with chronic back. The beneficiary is currently on Norco. In the

absence of documented significant improvement of pain and function, and in the absence of Urine Drug Testing (UDT) for monitoring, the request is not medically necessary according to the guidelines.

**PRILOSEC 20MG #60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular R.

**Decision rationale:** According to the CA MTUS guidelines, Prilosec "PPIs" is recommended for patients who are at an intermediate risk for GI events. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. The medical records document the patient was diagnosed with chronic back. In the absence of documented complaints of GI events such as peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs, the request is not medically necessary according to the guidelines.