

<b>Case Number:</b>	CM14-0012949		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/08/1997
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 69-year-old male who has submitted a claim for neck pain with left upper extremity radiculopathy, low back pain with left lower extremity radiculopathy, post-laminectomy syndrome, myofascial syndrome, sacroiliac joint arthropathy bilaterally, painful lumbar hardware, bilateral hand and wrist pain like carpal tunnel syndrome vs. tendonitis secondary to chronic crutch use for ambulation, upper GI symptoms due to medication, and greater trochanteric bursitis associated with an industrial injury date of August 8, 1997. Medical records from 2011-2014 were reviewed. The patient complained of neck and low back pain. Physical examination showed tenderness of the left-sided lumbar hardware, sacroiliac joints, left sciatic notch, and in the left paraspinal and lateral lumbar musculature. Straight leg raise test was positive on the left. Patrick's and FABER test was positive bilaterally, localizing to moderate ipsilateral sacroiliac joint pain. An MRI of the lumbar spine, dated September 10, 2012, revealed patient status post surgery at the L5-S1 level, no definite canal stenosis, potential moderate left-sided neural foraminal stenosis at L5-S1; and bilateral neural foraminal stenosis at L1-L2, L2-L3, and L3-L4. A Official report of the imaging study was not available. Treatment to date has included medications, activity modification, lumbar laminectomy, and lumbar epidural steroid injections. Utilization review, dated January 21, 2014, modified the request for 1 prescription of Percocet 10/325mg #150 to 1 prescription of Percocet 10/325mg #120 to initiate weaning and because there was no improvement with the continued use of this medication. The request for 1 repeat left L4 and L5 transforaminal epidural steroid injection was also not granted because there was no documentation of pain and functional improvement from the previous injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF PERCOCET 10/325 MG #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 78-81.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. The CA MTUS guidelines recommend that dosing should not exceed 120mg 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 cumulative dose. In this case, patient has been taking Percocet since October 2012. He was also taking another opioid Methadone, but the physician advised not to take it simultaneously. Opioid treatment should be prescribed at the lowest possible dose. The patient claims that there is improvement of his pain with the medications. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. The MTUS Guidelines require clear and concise documentation for ongoing management. The guideline criteria have not been met. Therefore, the request for one prescription of percocet 10/325 mg #150 is not medically necessary.

**1 REPEAT LEFT L4 AND L5 TRANSFORAMINAL 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 Page(s): 46.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has received extensive lumbar epidural steroid injections in the past. The latest lumbar epidural steroid injection was done last July 24, 2013. A progress report, dated September 20, 2013, stated that the low back and left leg pain have been reduced by more than 50% at baseline but subsequently resulted to worsening of symptoms. The specific duration of pain relief was not documented. Furthermore, there was failure to exhibit any

evidence of improved performance of activities of daily living and there was no associated reduction of medication intake from the treatment. The criteria have not been met. Therefore, the request for 1 repeat left l4 and l5 transforaminal epidural steroid injection is not medically necessary.