

<b>Case Number:</b>	CM14-0017186		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/26/2009
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of June 26, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; electrodiagnostic testing of October 15, 2012, notable for evidence of a lumbar radiculopathy; lumbar MRI imaging of September 27, 2012, notable for disk bulges and protrusions at L4-L5 and L5-S1 generating associated nerve root impingement and spinal stenosis; and earlier lumbar spine surgery. In a Utilization Review Report dated January 31, 2014, the claims administrator denied a request for an epidural steroid injection, approved Gabapentin, partially certified Percocet for weaning, approved Nucynta, and denied a urine drug screen performed on January 13, 2014. The applicant's attorney subsequently appealed. In a September 20, 2013 progress note, the applicant was described as reporting 8/10 pain with medications and 9-10/10 without medications. It was stated that the applicant should continue Nucynta and Norco at that point in time. The applicant was also asked to start Percocet. The applicant was described as having GI upset with multiple opioids. On March 11, 2014, the applicant stated that he was frustrated that his epidural injection was earlier authorized and that the authorization was subsequently retracted. The applicant reported that he was having better pain relief with Percocet. The applicant stated that his pain levels are 3-4/10 for approximately an hour after usage of Percocet. The applicant stated, somewhat incongruously, in another section of the report that his pain level was 7-8/10 with medications and 9-10/10 without medications. It was stated that the applicant was doing household chores, walking, and cleaning the dishes, which he attributed, in part, to opioid therapy. Neurontin, Percocet, Nucynta, and Zestril were apparently renewed. A repeat epidural steroid injection was sought. The applicant's work status was not provided. In an earlier

note of February 10, 2014, it was stated that the applicant was depressed, had low back pain radiating to the right leg, had associated weakness about the leg, and was no longer working as he had retired. Nucynta, Percocet, and an epidural injection were sought at that point in time. The applicant, it is incidentally noted, was only 55 years old, per the claims administrator. Urine drug testing of January 13, 2014 did include a drug test. Quantitative testing was seemingly performed. The request was positive for methadone and negative for 11 other substances.

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

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

#### **L5-S1 INTERLAMINAR LUMBAR EPIDURAL STEROID INJECTION (ESI) QTY:**

**1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines .MTUS 9792.20f.Epidural Steroid Injections topic Page(s): 46.

**Decision rationale:** As noted by the attending provider and the claims administrator, this request does represent a request for repeat block. The applicant has had at least one prior epidural injection. However, there has been no evidence of any lasting benefit or functional improvement achieved through the earlier epidural blocks. The applicant remains highly reliant and highly dependent on various opioids, including Nucynta and Percocet. The applicant has failed to return to work. Therefore, the request is not medically necessary owing to lack of functional improvement.

**PERCOCET 10/325MG QTY: 90.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. There is no clear evidence of improvements in pain or function achieved through ongoing opioid therapy. On some instances, the applicant's pain is described as 7-8/10 with medications and 9-10/10 without medications. On other occasions, the attending provider has posited that the applicant is only achieving approximately one-hour pain relief with ongoing Percocet usage. While the attending provider has posited that the applicant is able to perform some household chores such as cooking, this appears insufficient to support the request for Percocet, particularly in light of reports that the applicant is achieving only minimal-to-marginal analgesia with the same and also in light of other reports which suggest that the

applicant reports heightened pain complaints with even basic activities of daily living such as raking leaves in his yard. Therefore, the request is not medically necessary.

**URINE DRUG SCREEN PERFORMED 1-13-14 QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter.

**Decision rationale:** As noted in the ODG Chronic Pain Chapter, quantitative drug testing is not recommended for verifying compliance without evidence of necessity. Any request for quantitative testing should require documentation that qualifies necessity. In this case, it was not clearly stated why more conventional qualitative testing for opioids would not have sufficed here. It was not clear why quantitative testing for multiple opioid metabolites was provided, in contrast to the ODG injunction. Therefore, the request was not medically necessary.