

<b>Case Number:</b>	CM14-0134222		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 injured worker is a 41-year-old male who sustained an injury on 04/25/11. As per the report dated 08/25/14 by [REDACTED], he complains of left knee pain which he feels has increased since his left knee replacement. He currently participates in physical therapy for his left knee, which is also helpful. He also has chronic low back pain and shooting radiating pain. Gabapentin helps with numbness and tingling. He continues to take Oxycontin 30mg twice a day with Norco 10/325mg up to 3 times a day as needed; this dosage helps control his pain by >60%. He has not shown any aberrant behaviors. On exam, positive tests for nerve root involvement of the lumbar spine bilaterally, reduced and painful flexion and extension of the lumbar spine, weakened left knee extension and left hip flexion and tenderness to palpation of paraspinal muscles of the lumbar spine. Sensation and deep tendon reflexes for the lower extremities were grossly intact. There was moderate swelling of the left knee as well as tenderness to palpation throughout the left medial and lateral joint lines. Current medications include Depakote 500mg, gabapentin 300mg, simvastatin 10mg, clonidine 0.1mg, aspirin 81mg, Ativan 1mg, Oxycodone 30mg, Percocet 10/325mg, Norco 10/325mg, and OxyContin 30mg and he has been on opioid medications since at least 2012. Past surgeries include left ankle surgery, ACL repair and left knee replacement on 05/06/14. He had epidural injection at L5-S1 on 03/06/14. He also had multiple urine drug screens in 2014. Diagnosis: knee/lower leg pain and lumbar spine radiculopathy. The request for Left transforaminal epidural injection L4-5 under fluoroscopy and anesthesia, right transforaminal epidural injection L4-5 under fluoroscopy and anesthesia, Duexis 800mg #90 and urine drug screen were denied. The request for Norco 10/325mg #90 was modified to Norco 10/325mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left transforaminal epidural injection L4-5 under fluoroscopy and anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** Per guidelines, Epidural steroid injections (ESIs), recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is 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. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. There is little to no evidence of lumbosacral radiculopathy (radiating pain in a dermatomal distribution in the lower extremities) corroborated with imaging findings. There is no evidence of prior trial and failure of conservative management. Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.

**Right transforaminal epidural injection L4-5 under fluoroscopy and anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

**Decision rationale:** Per guidelines, Epidural steroid injections (ESIs), recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The purpose of ESI is 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. Per the guidelines criteria, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is insufficient documentation to support the necessity of the requested procedure. There is no evidence of lumbosacral radiculopathy (radiating pain in a dermatomal distribution in the lower extremities) corroborated with imaging findings. There is no evidence of prior trial and failure of

conservative management. Therefore, the request is considered not medically necessary according to guidelines and based on the available clinical information.

**Norco 10/325mg #90:** 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): 91, 74.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of significant improvement in pain level or function specifically with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

**Duexis 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67.

**Decision rationale:** Duexis is Ibuprofen and Famotidine. According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term of NSAIDs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use. In the absence of objective functional improvement, the medical necessity for Ibuprofen has not been established. Furthermore, the medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state medications such as H-S antagonists to protect GI may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years;

(2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events. Therefore, the medical necessity of Pepcid has not been established.

**urine drug screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug test Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**Decision rationale:** As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient has chronic pain and is taking opioids chronically. The urine drug screening is appropriate for patients taking opioids; however, this patient had multiple urine drug screen done in 2014. There is no documentation of non-compliance or addiction / aberrant behavior. Thus, the request for another urine drug screen within 3 months period is not medically necessary and appropriate.