MAXIMUS Federal Services

| Case Number: | CM14-0150691 | | |
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| Date Assigned: | 09/19/2014 | Date of Injury: | 01/22/2009 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

## 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 68-year-old female who sustained an injury on 1/22/09. On 9/17/14 the patient presented with low back pain, lower extremity radicular pain and was two weeks status post bilateral L2-L5 rhizotomy. She reported increased pain status post procedure that was gradually diminishing and was uncertain about the effectiveness of the rhizotomy since it was only done two weeks ago. She also reported continued right groin pain that increased on prolonged sitting, standing and walking. Objective findings revealed that she was in mild distress due to pain, moderate paralumbar tenderness diffusely, ROM 70% of normal, mild pain on extension and rotation, straight leg raise was positive on the right, and she had pain in the L2 distribution on the right. MRI of lumbar spine on 4/7/14 identified spondylolisthesis at L2-3 and L4-5 with foraminal narrowing bilaterally at L2-3 unchanged, severe spondylosis and posterior elements seen at L2-3 and L4-5 without high-grade direct neural impingement. She had MNBB at L3-5 and lumbar rhizotomies. She is currently on Norco. She was previously treated with physical therapy, acupuncture, chiropractic, TENS, epidural steroid injections, and lumbar facet blocks. She continued to get relief of her axial low back pain from the Norco 7.5/325 mg at q.i.d dosing. She reported that the medication decreases her pain by over 60% and improves her activity level and overall functional ability and denies any side effects. The provider plans on weaning down on her opioid if relief is noted from repeat rhizotomy. Diagnoses include lumbago and radicular syndrome (thoracic/lumbosacral). The request for Transforaminal Epidural Steroid Injection at the right L2-3 and Norco 7.5/325mg #120 was denied on 8/29/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection at the right L2-3:** Upheld

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

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

**Decision rationale:** As per CA MTUS guidelines, 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. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: 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 no clear evidence of radiculopathy on the exam. The IW is noted to have pain in the right groin which corresponds to right L1 nerve root. There is imaging evidence of L2-3 & L4-5 spondylolisthesis, but no nerve root impingement. The record of the prior ESI is not available for review. The date and amount of physical therapy is unknown. Therefore, the medical necessity of the request for ESI is not established per guidelines and due to lack of documentation; not medically necessary.

**Norco 7.5/325mg #120:** Upheld

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

**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)." In this case, there is no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use. There is no evidence of urine drug test in order to monitor compliance. Furthermore, conversion to long acting opioids should be considered when continuous around the clock pain management is desired. The medical documents do not support continuation of Norco with current dosing. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.