

<b>Case Number:</b>	CM14-0158784		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	07/04/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 31 year old male who sustained a work injury on 7-4-0. On this date, the claimant reported an injury when moving a patient from a wheelchair to the bed. The claimant is status post left hemilaminectomy, foraminotomy and discectomy at L4-L5 and L5-S1 performed in March 2011. Office visit on 7-30-14 toes the claimant has severe back pain with bilateral radiation into the left lower extremity correlating with the L5- or S1 distribution. The claimant has tenderness to palpation at lumbar paravertebral musculature. SLR is positive at approximately 45 degrees on the right and causes pain to shoot down the left leg. The claimant reports gastritis with all medications he takes. He has previously voluntarily admitted to a psychiatric ward.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient epidural steroid injection bilateral L5-S1:** 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 INJECTION Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER EPIDURAL STEROID INJECTION

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The only documentation of radiculopathy is subjective pain complaints at the L5-S1 distribution. There is no objective documentation of loss of relevant reflexes, atrophy or objective radicular findings on exam. Therefore, the medical necessity of this request is not established.

**Norco 10/325mg BID #60:** 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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - OPIOIDS

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. The claimant continues with high levels of pain with complaints of severe pain. Therefore, the medical necessity of this request is not established. The request is not medically necessary.

**Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI SYMPTOMS Page(s): 68.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. The claimant reports GI problems with all

medications provided. As NSAIDs can cause secondary GI effects this request is medically necessary.

**Ativan 2mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - BENZODIAZEPINES

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is an absence in documentation noting that this claimant has a diagnosis or a condition that would support exceeding current treatment guidelines or that there are extenuating circumstances to support the long term use of this medication. Therefore, the request is not medically necessary.

**Valium 5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - BENZODIAZEPINES

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is an absence in documentation noting that this claimant has a diagnosis or a condition that would support exceeding current treatment guidelines or that there are extenuating circumstances to support the long term use of this medication. Therefore, the request is not medically necessary.

**Ambien 10mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - ZOLPIDEM

**Decision rationale:** ODG notes that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia.

The long term use of this medication is not supported. There is no indication of extenuating circumstances to support the long term use of this medication. Therefore, the request is not medically necessary.

**Trazodone 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-DEPRESSANTS Page(s): 13-16. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER - ANTI DEPRESSANTS

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. This claimant has chronic low back pain complaints with radicular complaints. He is status post laminectomy syndrome. Therefore, the request is not medically necessary.