

<b>Case Number:</b>	CM14-0168567		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	03/21/2003
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50 year old woman who sustained a work-related injury on March 25, 2003. Subsequently, she developed chronic low back pain. According to a progress report dated on February 24, 2014, the patient was complaining of persistent low back pain aggravated by bending, lifting, twisting, pushing, pulling, sitting and standing as well as walking. The patient physical examination demonstrated the cervical tenderness with reduced range of motion, positive axial loading compression tests, lumbar tenderness with positive seated nerve root test and dysesthesia at the level of L5 and S1 dermatome. The patient was diagnosed with cervical and lumbar discopathy. The patient was treated with the Lyrica, Celexa, Norco, Nucynta, Robaxin and Valium. According to another progress report dated on September 8, 2014, the patient was complaining of neck pain radiating to right upper extremity and lower back pain radiating to both lower extremities. The pain severity was rated 6/10 with medications and 9/10 without medications. The pain is limiting his activity of daily living. Her physical examination demonstrated the cervical lumbar tenderness, mainly fascia trigger point in the trapezius and rhomboids bilaterally, limited range of motion of the lumbar and cervical spine, decreased sensation in the right dermatoma and L4-S1 dermatome a and positive nerve root tension sign for radiculopathy. The patient was diagnosed with the cervical radiculopathy, lumbar disc disease, chronic pain, lumbar facet arthropathy and lumbar radiculopathy. The patient was reported to have also anxiety depression and migraine headaches. The patient had an epidural injection on may 21st 2014 with the 50-80% overall improvement with good functional improvement. The provider requested authorization to repeat lumbar epidural injection and the use of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right side L4-5 transforaminal epidural using fluoroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, and although the patient have some evidence of benefit from a previous epidural injection, there is no evidence that the improvement lasted more than 6-8 weeks. There is no documentation of reduction of pain medications. Therefore, Right side L4-5 transforaminal epidural using fluoroscopy is not medically necessary.

**Left side L4-5 transforaminal epidural using fluoroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, and although the patient have some evidence of benefit from a previous epidural injection, there is no evidence that the improvement lasted more than 6-8 weeks. There is no documentation of reduction of pain medications. Therefore, Left side L4-5 transforaminal epidural using fluoroscopy is not medically necessary.

**Norco 10/325mg #110: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral

analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.

>There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety and compliance of previous use of Norco. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of Norco 10/325mg #110 is not medically necessary.