

<b>Case Number:</b>	CM14-0172873		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/02/2004
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of 7/2/04. A utilization review determination dated 9/24/14 recommends non-certification of ESIs and modification of Oxycodone and OxyContin. 10/8/14 medical report identifies extreme back and bilateral leg pain with radiculopathy. Pain is 6/10 with medication and 8/10 without. He is unable to sleep or move around without the aid of pain medication. He is experiencing an increase in neck and left arm pain with radiculopathy. ESIs in the past have reduced pain to 1-2/10 for up to 3 months and he is in need of them again. He will need the Epidural Steroid Injections (ESIs) every 3 months for the rest of his life if he has any hope of a normal life.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 epidural steroid injection for the lumbar spine: Upheld**

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

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

**Decision rationale:** Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for

treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the requesting physician has indicated that the patient had significant pain improvement with the previous epidural steroid injection. Unfortunately, there is no documentation of functional improvement or reduction in medication use as a result of that injection. Furthermore, there is no current physical exam, imaging, and/or electrodiagnostic evidence consistent with radiculopathy. In light of the above issues, the currently requested lumbar epidural steroid injection is not medically necessary.

### **1 epidural steroid injection for the cervical spine: Upheld**

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

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

**Decision rationale:** Regarding the request for cervical epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the requesting physician has indicated that the patient had significant pain improvement with the previous epidural steroid injection. Unfortunately, there is no documentation of functional improvement or reduction in medication use as a result of that injection. Furthermore, there is no current physical exam, imaging, and/or electrodiagnostic evidence consistent with radiculopathy. In light of the above issues, the currently requested cervical epidural steroid injection is not medically necessary.

### **Oxycodone HCL 30mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids for chronic pain; Opioids, cr. Decision based on Non-MTUS Citation Andersson GBJ, Cocchiarella L, American Medical Association. Guides to the Evaluation of Permanent Impairment; Fifth Edition. Hardcover - Dec 15, 2000 (pages 382-383); and University of Michigan Health System: Guidelines for Clinical Care. Managing Chronic Non-Terminal Pain. March 2009: Opioids, Dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for oxycodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes that pain is 6/10 with medication and 8/10 without, and he is unable to sleep or move around without the aid of pain medication. However, there is no clear evidence of functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycodone is not medically necessary.

**Oxycontin 80mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids for chronic pain; Opioids, cr. Decision based on Non-MTUS Citation Andersson GBJ, Cocchiarella L, American Medical Association. Guides to the Evaluation of Permanent Impairment; Fifth Edition. Hardcover - Dec 15, 2000 (pages 382-383); and University of Michigan Health System: Guidelines for Clinical Care. Managing Chronic Non-Terminal Pain. March 2009: Opioids, Dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for OxyContin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes that pain is 6/10 with medication and 8/10 without, and he is unable to sleep or move around without the aid of pain medication. However, there is no clear evidence of functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested OxyContin is not medically necessary.

**Oxycontin 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids for chronic pain; Opioids, cr. Decision based on Non-MTUS

Citation Andersson GBJ, Cocchiarella L, American Medical Association. Guides to the Evaluation of Permanent Impairment; Fifth Edition. Hardcover - Dec 15, 2000 (pages 382-383); and University of Michigan Health System: Guidelines for Clinical Care. Managing Chronic Non-Terminal Pain. March 2009: Opioids, Dosing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for OxyContin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes that pain is 6/10 with medication and 8/10 without, and he is unable to sleep or move around without the aid of pain medication. However, there is no clear evidence of functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested OxyContin is not medically necessary.