

<b>Case Number:</b>	CM14-0182776		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	09/16/1998
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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 underlying date of injury in this case is 09/16/1998. The treating diagnoses include left L5-S1 disc herniation, left L5 and S1 radiculopathy, and lumbar spondylosis. Previously the patient was treated with an L5-S1 epidural injection in April 2014. On 08/22/2014, a doctor's first report of injury and chronic pain consultation notes the patient had a history of chronic bilateral neck pain, right shoulder pain, bilateral low back pain, and left posterolateral thigh pain. The patient was noted to have been injured when involved in training as a police officer in 1998 when the patient did training with a baton and fire arms and developed severe pain in the right side of her neck and shoulder and numbness in the right upper extremity. The patient was also injured 02/05/2000 when doing the job of a sergeant in a sitting position when she developed left-sided low back pain and severe spasms and could not stand and could not work anymore. Prior radio-graphic records were not available. At that time the patient was noted to be status post cervical fusion at C5-C7 with right shoulder impingement. The treatment included continued use of intermittent anti-inflammatory medications, muscle relaxants for flare ups, continued use of antidepressants which were helping to control her symptoms, and consideration of neuropathic pain medications such as gabapentin or Lyrica. On 09/30/2014, the patient was seen in primary treating physician follow-up and noted pain in her low back. She reported numbness, tingling, and pain radiating down the left leg when she moved her lumbar spine. The patient had difficulty walking on her toes and her heels and had restricted range of motion of the lumbar spine and difficulty in extending her lumbar spine in particular given radicular pain. The patient was noted to have undergone a prior epidural injection at L5-S1 in April 2014. On exam the patient had decreased dorsiflexion of the left big toe and left foot. An MRI was discussed as showing no specific focal lesion at L4-L5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Outpatient Transforaminal Epidural Steroid Injection, Left L4-L5 and L5-S1 under Fluoroscopy & Conscious Sedation: 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 Injections Page(s): 46.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, recommend that radiculopathy should be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This patient does not clearly have such corroboration of a radiculopathy at the requested levels. Moreover, the records contain very limited information to clarify the nature and degree of response to past epidural injections, which would be necessary information to support indication for repeat epidural injection. Moreover, this is a notably chronic case dating back to 1998; these guidelines do not clearly support an indication for an epidural injection in such a chronic situation. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.

### **Cyclobenzaprine 7.5 Mg (#90): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, discuss cyclobenzaprine on page 64 and state this is recommended only for a short course of therapy. The medical records and guidelines do not support an indication for this medication on a chronic basis, particularly given the quantity of 90 tablets as recommended at this time. This request is not medically necessary.

### **Ultram 7.5 Mg (#15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, discuss the four A's of opioid management on page 78, recommending clear discussion of functional goals and functional benefit of opioids and any side effects or evidence of aberrant behavior. These four A's of opioids are not documented at this time. This request is not medically necessary.

**Percocet 5/325 Mg (#30):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, discuss the four A's of opioid management on page 78, recommending clear discussion of functional goals and functional benefit of opioids and any side effects or evidence of aberrant behavior. These four A's of opioids are not documented at this time. This request is not medically necessary.