

<b>Case Number:</b>	CM14-0024348		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/19/2005
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Pain Management has a subspecialty in Interventional Spine 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 patient is a 50 year old with an injury date of 8/9/05. The progress report dated 2/11/14 provided by [REDACTED] states that the diagnoses are lumbar disc protrusion, and lumbar annular tear. An Exam on 2/11/14 showed normal gait and minimal antalgic posture. DTR: right knee jerk, absent. Left knee jerk, trace. Right ankle jerk 1+. Left ankle jerk 1+. Decreased sensation in the right leg. Increased pain on palpation of lumbar spine, L2-L4 distribution. [REDACTED] is requesting 1 prescription of Percocet 10/325mg #120 w/ 2 refills, 1 prescription of Norco 10/325mg #90 w/ 2 refills, 1 right L2, L3, L4 selective nerve root block under fluroscopy. The utilization review determination being challenged is dated 2/19/14 and reduces Percocet to #96 with no refill for purpose of weaning, reduces Norco to #72 with no refill for purpose of weaning, and rejects selective nerve root block due to lack of subjective/objective evidence of nerve root compromise at L2-L4 level. [REDACTED] is the requesting provider, and he provided treatment reports from 7/6/13 to 2/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF PERCOCET 10/325MG #120 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with constant lower back pain radiating into right leg rated 7-8/10 and is status-post discography in 2007 and percutaneous disc decompression in 2008. The provider has asked for 1 prescription of Norco 10/325mg #90 w/ 2 refills on 2/11/14. The Patient has been taking Norco since at least 7/16/13 when provider prescribed medications. The Patient has discontinued Soma but is still taking Ambien as of 9/17/13. The Patient has increased dosage of Norco to 4/day due to flare up of lower back pain on 11/12/13. In support of chronic opioids use, the California MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. In addition, the California MTUS requires the four A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. The review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. There is not enough documentation regarding chronic opiates management as required by the California MTUS, the request is not medically necessary.

**1 PRESCRIPTION OF NORCO 10/325MG #90 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with constant lower back pain radiating into right leg rated 7-8/10 and is status-post discography in 2007 and percutaneous disc decompression in 2008. The provider has asked for one prescription of Norco 10/325mg #90 w/ two refills on 2/11/14. The Patient has been taking Norco since at least 7/16/13 when provider prescribed medications. The Patient has discontinued Soma but is still taking Ambien as of 9/17/13. The Patient has increased dosage of Norco to 4/day due to flare up of lower back pain on 11/12/13. In support of chronic opioids use, the California MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. In addition, the California MTUS requires the four A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. The review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. There is not enough documentation regarding chronic opiates management as required by the California MTUS, the request is not medically necessary.

**1 RIGHT L2, L3, L4 SELECTIVE NERVE ROOT BLOCK UNDER FLUOROSCOPY:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG).

**Decision rationale:** This patient presents with constant lower back pain radiating into right leg rated 7-8/10 and is status-post discography in 2007 and percutaneous disc decompression in 2008. The provider has asked for one right L2, L3, L4 selective nerve root block under fluoroscopy on 2/11/14 to relieve pain due to specific nerve root and assist in identifying source of pain. The medical documentation does not show any evidence of epidural steroid injections being done in the past. An MRI of L-spine dated 5/2/11 that shows Disc bulge at L1-2, L2-3, L3-4, and L4-5. At L5-S1, a 6mm retrolisthesis of L5 relative to S1, and disc bulge with 3mm protrusion. Concerning diagnostic epidural transforaminal steroid injections, the California MTUS recommends them as an option to treat radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) to reduce pain and inflammation, restore range of motion and thereby facilitate progress in more active treatment programs, and avoiding surgery. The California MTUS recommends no more than two nerve root levels at a time and a maximum of two injections for diagnostic purposes. In this case, patient has persistent radicular symptoms with MRI findings confirming 3mm herniation. However, the request is for three levels, which is not supported by the California MTUS. Therefore, the request is not medically necessary.