

<b>Case Number:</b>	CM14-0039332		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/14/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

The injured worker is a 55-year-old female who reported an injury on 09/14/2000 of unspecified cause of injury. She complained of severe back and leg pain with diagnoses of lumbar radiculopathy, degenerative disc disease at the lumbar region and lumbar displacement disc without myelopathy. The past treatments included physical therapy. Diagnostics included a urinalysis and a lumbar epidural steroid injection. The objective findings dated 03/13/2014 to the lumbar region revealed a well-healed incision with no signs of infection, palpation and tenderness at the L4-5, forward flexion at 40 degrees, hyperextension at 10 degrees and a positive sitting straight leg raise. The motor examination revealed antalgic gait, normal posture, spasms to the right lumbar spine with decreased strength to the right lower extremity. The sensory examination revealed sensation to pinprick decreased at the L3, L4, and L5, light touch with a decreased to the right and left lower extremity bilaterally. The reflex examination revealed bilaterally decreased deep tendon reflexes to the lower extremities. The medications included Norco 10/325 mg, Soma 350 mg, Neurontin 325 mg, and Imitrex with a reported pain of 5/10 without medication, a 1/10 with no medication and a 3/10 at the day of evaluation. The treatment plan included lumbar epidural steroid injection at the L4-5 and the L3-4, and refill of medications along with a follow up in 2 months. The Request for the Authorization Form for the lumbar epidural steroid injection and the urinalysis was submitted on 03/17/2014. The request for Neurontin and Norco was not submitted with the documentation. The rationale for the lumbar epidural steroid injection was that the injured worker had one the prior year and it helped them. There is no rationale for the medication or the urinalysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Transforaminal Epidural Steroid Injection at L3-4 and L4-5: Upheld**

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

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

**Decision rationale:** According to the California MTUS guidelines, epidural steroid injections for radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and muscle relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. California MTUS guidelines recommend that for repeat epidural steroid injections, there must be objective documented pain relief and functional improvement, including at least 50% 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. Per the guidelines, the injured worker should have radiculopathy which is corroborated by imaging studies; however, no imaging studies were in the documentation. The injured worker did not have a documented history of unresponsive to conservative treatment. The day of the evaluation the injured worker was a 3/10 VAS. As such, the request for a right transforaminal epidural steroid injection at L3-4 and L4-5 is not medically necessary.

**Neurontin 300mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin), anti-epilepsy drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

**Decision rationale:** According to the California MTUS guidelines, Gabapentin is shown to be effective for treatment of diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Per the documentation provided, the injured worker did not have a diagnosis of neuropathy, post herpetic neuralgia. During her examination, she reported her pain to be 3/10 which is a manageable pain level. The request did not address the frequency. As such, the request for Neurontin 300mg #60 is not medically necessary.

**Norco 10/325mg #180 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75.

**Decision rationale:** The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the documentation provided, the clinical notes indicated a urinalysis; however, no results were provided within the documentation. It did not address any side effects or drug taking behavior. The injured worker's pain level was a 3/10 which is a functional limit. The request did not address the frequency. As such, the request for Norco 10/325mg #180 with 3 refills is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Substance Abuse (Tolerance, Dependence, Addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Prescribing Controlled Substances (May 2009), pg 33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend a drug screen as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The documentation provided indicated that the injured worker had had urine drug screen taken; however, no documentation was provided within the documents. The documentation did not address the ongoing pain management with the opioid use or any concerns of addiction. As such, the request for urine drug screen is not medically necessary.