

<b>Case Number:</b>	CM14-0041978		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/29/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 29, 2007. Thus far, the applicant has been treated with analgesic medications, attorney representations, opioid therapy and at least one prior epidural steroid injection. In a Utilization Review Report dated March 20, 2014, the claims administrator partially certified a request for Norco, denied a lumbar epidural steroid injection, approved a request for Docuprene, approved a follow-up visit, and denied medication panel. The applicant's attorney subsequently appealed. In a February 21, 2014 progress note, the applicant presented with 7-9/10 low back pain. The applicant stated that he would like to have another epidural steroid injection as he had reportedly had good results in the past. The applicant was using morphine twice daily, Zanaflex rarely, Docuprene once or twice daily for constipation, and Norco six to seven tablets a day. The attending provider stated that the applicant's ability to function, including the ability to sit and stand longer, was reportedly ameliorated as a result of ongoing Norco usage. One hundred and eighty tablets of Norco, 60 tablets of morphine, and 60 tablets of Docuprene were endorsed, along with 30 tablets of Zanaflex. A repeat epidural steroid injection was sought. The attending provider cited non-MTUS Third Edition ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Hydrocodone/APAP 10/325mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant's reported diminution in pain scores from 9/10 to 7/10 with ongoing Norco usage appears to be minimal to negligible at best and is outweighed by the applicant's failure to return to any form of work. Ongoing usage of Norco has failed to diminish the applicant's consumption of other medications, such as morphine and Zanaflex. The applicant's failure to return to any form of work and continued complaints of pain in the 7/10 range, despite ongoing usage of Hydrocodone-acetaminophen, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

### **1 Lumbar Transforaminal Epidural Steroid Injection at Left L5 and S1: 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 Steroid Injections topic MTUS 9792.20f Page(s): 46.

**Decision rationale:** As note on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be predicated on evidence of functional improvement with earlier blocks. In this case, the applicant has had at least one prior epidural steroid injection. There has been no clear or compelling evidence of functional improvement with said earlier epidural injection. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various opioid and non-opioid agents, including morphine, Tizanidine, and Norco, the latter of which is being used at a rate of seven times a day. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite at least one earlier epidural steroid injection. Therefore, the request is not medically necessary.