

<b>Case Number:</b>	CM14-0050943		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 44 year old female with a date of injury on 3/9/2005. Diagnoses include post laminectomy syndrome, lumbar radiculopathy, and chronic hip pain. Subjective complaints are of increased pain in the lower back and legs. Pain is described as a deep ache with radiation into the legs. Pain was rated 7/10. Physical exam shows lumbar facet pain at L3-S1, lumbar paraspinal trigger points, antalgic gait, and decreased lumbar range of motion. Neurological exam showed decreased left lower extremity reflexes, and normal sensation. Medications include Celexa, Keflex, Prilosec, Vicodin, Donnatal, Ambien, Fentanyl, hydrocodone, lidocaine, Topamax, and Amitiza. Office notes indicate that patient had lowered Fentanyl patch, and noted an increase in pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 transforaminal Epidural Steroid Injection Lumbar 4-Lumbar 5 and Lumbar 5-Sacral 1 with anesthesia and fluoroscopy:** 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 ESI  
Page(s): 46.

**Decision rationale:** CA MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, while radiating pain is reported, there is no evidence on exam of specific nerve root involvement. Therefore, the medical necessity of an epidural steroid injection is not established at this time.

**Hydrocodone/Acetaminophen 7.5/325 #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Amitiza 24mcg # 60, 5 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organisation Global Guideline.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA INFORMATION: AMITIZA [www.drugs.com](http://www.drugs.com).

**Decision rationale:** CA MTUS states that prophylactic treatment of constipation should be initiated with opioid therapy. Prescribing information indicates that Amitiza is used to treat chronic constipation, or constipation caused by opioid medications. For this patient, there is documented evidence of constipation secondary to opioid use. Therefore, the request for Amitiza is medically necessary.