

<b>Case Number:</b>	CM14-0061208		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 41-year-old male with a reported injury on 04/04/2012. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar degenerative disc disease involving the L5 and S1, lumbar radiculopathy due to nerve root compression at left S1 and possibly at L4-5, spinal stenosis at L3-4 and L4-5, and probable lumbar facet osteoarthritis. The injured worker has had postoperative physical therapy and he has had previous epidural steroid injection in 2013. He also has had the use of muscle relaxants and NSAIDs. The efficacy of those prior treatments was not provided. The injured worker has had an MRI in 01/2013 which was prior to his surgery and a CT of his lumbar spine in 2013 also prior to his surgery. The injured worker has an anterior posterior fusion at L4-5 on 08/2013 and remote L4-5 discectomy. The injured worker had a neurological examination on 02/27/2014 for a follow-up regarding unchanged pain in the back of his left leg. It was noted that the injured worker walked with a cane. Upon examination, it was reported that his motor strength testing was normal and that there was restriction in range of motion of the back. There was not an examination showing the motor strength, sensation, and the reflexes in numbers and percentages to be reviewed. The examination revealed that the injured worker had an x-ray on 02/27/2014 that revealed no major changes from the last exam. The injured worker also had a medical examination on 03/21/2014. This examination was regarding a follow-up of his surgery as well and for a refill of his medications. It was noted on examination that there was no weakness, no tremors, or changes in mentation. There was no physical examination of functional deficits or motor strength, sensation, and reflex deficits. The medication list consisted of MS Contin, Norco, Norflex, Neurontin, and naproxen. The efficacy of those medications was not provided. The recommended plan of treatment was to continue his conservative measures such as the use of heat, ice, rest, gentle stretching exercise as tolerated, and to refill his medications. There was

also recommended an authorization for an S1 transforaminal epidural steroid injection. The Request for Authorization was signed and dated 03/31/2014. The rationale was not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left S1 transforaminal epidural joint injection: 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 (ESI) Page(s): 46.

**Decision rationale:** The left S1 transforaminal epidural joint injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker also needs to be initially unresponsive to conservative treatment such as exercises, physical methods, NSAIDs, and muscle relaxants. A repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief and associated reduction of medication use for 6 to 8 weeks. There was a lack of documentation of radiculopathy. There was no documentation or evidence that the injured worker was unresponsive to conservative treatment such as exercise, physical methods, NSAIDs, and muscle relaxants. There was no efficacy provided of the medications that he is on. The injured worker had a history of having a previous epidural steroid injection in 2013 and there was a lack of evidence of 50% of pain relief and there was a lack of documentation of functional improvement. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for the left S1 transforaminal epidural joint injection is not medically necessary.

#### **Norflex 100 mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

**Decision rationale:** The request for Norflex 100 mg #90 is not medically necessary. The California MTUS Guidelines recommend that in most low back pain cases that muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The Guidelines state that the mode of action of Norflex is not clearly understood. The recommended dose is 100 mg twice a day. The request does not specify directions as far as frequency and duration. There is a lack of evidence to support the number of 90 pills without further evaluation and assessment. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for Norflex 100 mg #90 is not medically necessary.

**MS Contin 15 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 87.

**Decision rationale:** The request for MS Contin 15 mg #90 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids for there to be documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The California MTUS Guidelines also recommend consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve while on opioids in 3 months. There is a lack of documentation of pain relief and efficacy of the medications, and there is not a VAS scale provided. The injured worker did not complain of any side effects. There was a lack of documentation of physical and psychosocial functioning deficits and/or improvements. The injured worker did have a urine drug screen test done on 11/04/2013 which did show medications that were inconsistent with the prescriptions. California MTUS do recommend discontinuing of opioids if there is suggestion or evidence of illegal activity. There was a lack of documentation of a consultation with a multidisciplinary pain clinic, due to the fact that the injured worker has been on opioids for at least since 11/2013 which is beyond 3 months of treatment. Furthermore, there is no evidence to support the number of 90 pills without further evaluation and assessment. Additionally, the request does not specify directions as to frequency and duration. Therefore, the request for MS Contin 15 mg #90 is not medically necessary.

**Norco 10/325 mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 87.

**Decision rationale:** The request for Norco 10/325 mg #150 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids for there to be documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The California MTUS Guidelines also recommend consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve while on opioids in 3 months. There is a lack of documentation of pain relief and efficacy of the medications, and there is not a VAS scale provided. The injured worker did not complain of any side effects. There was a lack of documentation of physical and psychosocial functioning

deficits and/or improvements. The injured worker did have a urine drug screen test done on 11/04/2013 which did show medications that were inconsistent with the prescriptions. California MTUS do recommend discontinuing of opioids if there is suggestion or evidence of illegal activity. There was a lack of documentation of a consultation with a multidisciplinary pain clinic, due to the fact that the injured worker has been on opioids for at least since 11/2013 which is beyond 3 months of treatment. Furthermore, there is no evidence to support the number of 90 pills without further evaluation and assessment. Additionally, the request does not specify directions as to frequency and duration. Therefore, the request for Norco 10/325 mg #150 is not medically necessary.