

<b>Case Number:</b>	CM14-0063954		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/05/1994
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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:

This is a 73 year old female who reported an industrial injury on 12/5/1994, almost 20 years ago, attributed to the performance of her customary job tasks. The patient was receiving treatment for the diagnoses of multilevel lateral recess stenosis; lumbar spine with degenerative disc disease; left knee contusion; rheumatological diagnosis; bilateral thumb contusion and sprain; left elbow contusion; and status post right knee arthroscopy. The medical records documented that the patient received bilateral L4-L5 transforaminal epidural steroid injection on 9/18/2013. The MRI the lumbar spine dated 9/5/2013, documented an interval progression of mild to moderate lateral recess stenosis at L2-L3 due to minimal progression of a disc osteophyte complex and mild to moderate facet joint degenerative changes. The patient continues to complain of bilateral lower leg pain. Medical records indicated that the patient had undergone a single level LIV-L5 laminectomy decompression and also underwent a right knee arthroscopy. The patient was reported to complain of bilateral proximal thumb pain exacerbated with gripping and grasping. The patient complained of left elbow pain. The treatment plan included additional physical therapy to the bilateral thumbs and wrists and left elbow; reevaluation with an orthopedist; repeat lumbar epidural steroid injection; Norco 5/325 mg #60 with two refills and Motrin #60 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Re-evaluation with orthopedist (date of service 06/06/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary (last updated 04/10/2014), Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 page 127; Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention.

**Decision rationale:** The request for authorization of a consultation with an Orthopedic Surgeon 20 years after the DOI for the documented diagnoses, is not demonstrated to be medically necessary for the effects of the cited industrial injury. There are documented objective findings by the requesting provider to support the medical necessity of an orthopedic referral and treatment for the diagnoses documented of ongoing hand and elbow pain. There are no objective findings on examination documented by the requesting physician to support the medical necessity of a referral to an orthopedic surgeon. There are no documented surgical lesions. There was no rationale supported with objective evidence to support the medical necessity of the referral for an evaluation and treatment by an orthopedic surgeon. There is no documented surgical lesion to the elbow, hands or fingers. There is no demonstrated medical necessity for the patient to be evaluated with Orthopedics for the elbow; hand, wrist, or fingers as there are no documented clinical changes to support the medical necessity of surgical intervention. The patient is not documented to have failed conservative treatment. There are no documented severe or disabling hand/elbow symptoms; significant activity limitations; no imaging or electrodiagnostic evidence of a lesion that would benefit from surgical intervention; or an unresolved radicular symptom after the provision of conservative treatment. There is no demonstrated medical necessity for an orthopedic surgeon evaluation of the elbow, wrist, hand, or fingers. The request is not medically necessary and appropriate.

**Repeat lumbar epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESI's).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 179-180, Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section low back chapter lumbar spine ESI.

**Decision rationale:** The criteria required by the CA MTUS for the provision of a repeated lumbar ESI were not documented. The patient does meet the CA MTUS criteria for a repeated lumbar ESI under fluoroscopic guidance. The use of lumbar spine ESIs is recommended for the treatment of acute or subacute radicular pain in order to avoid surgical intervention. The patient is not noted to have objective findings on examination consistent with a nerve impingement radiculopathy. The reported radiculopathy was not corroborated by imaging studies or Electrodiagnostic studies. There is no impending surgical intervention. The patient is being

treated for chronic low back pain with radiation to the lower extremity. The requested ESI is directed to lumbar spine DDD. The patient is documented to have received previous lumbar spine ESIs with no sustained functional improvement. There was no documented sustained functional improvement with the previously provided lumbar spine ESI's as there was no quantification of the percent of relief or the duration of time of relief. The CA MTUS does not recommend more than two (2) lumbar ESIs. The stated diagnoses and clinical findings do not meet the criteria recommended by evidence-based guidelines for the use of a lumbar ESI by pain management. The CA MTUS requires that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing." The ACOEM Guidelines updated Back Chapter revised 8/08/08 does not recommend the use of lumbar ESIs for chronic lower back pain. The Official Disability Guidelines recommend that ESIs are utilized only in defined radiculopathies and a maximum of two lumbar diagnostic ESIs and a limited number of therapeutic lumbar ESIs are recommended in order for the patient to take advantage of the window of relief to establish an appropriate self-directed home exercise program for conditioning and strengthening. The criteria for a second diagnostic ESI is that the claimant obtain at least 50% relief from the prior appropriately placed ESI. The therapeutic lumbar ESIs are only recommended, "If the patient obtains 50-70% pain relief for at least 6-8 weeks." Additional blocks may be required; however, the consensus recommendation is for no more than four (4) blocks per region per year. The indications for repeat blocks include "acute exacerbations of pain or new onset of symptoms." Lumbar ESIs should be performed at no more than two (2) levels at a session. Although epidural injection of steroids may afford short-term improvement in the pain and sensory deficits in patients with radiculopathy due to herniated nucleus pulposus, this treatment, per the guidelines, seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. There is no demonstrated medical necessity for the requested repeated lumbar spine ESI for the effects of the industrial injury. The request is not medically necessary and appropriate.

**Norco 5/325 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use for a therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids.

**Decision rationale:** The prescription for Hydrocodone-APAP (Norco) 5/325 mg #60 with two refills for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the back for the date of injury over 20 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for chronic mechanical UE pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is 20

years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP/Norco is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic back pain. There is no demonstrated sustained functional improvement from the prescribed high dose opioids. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Norco 5/325 mg #60 with refill x2 is not demonstrated to be medically necessary.