

<b>Case Number:</b>	CM14-0077210		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Emergency 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 31 year-old male, who sustained an injury on April 2, 2013. The mechanism of injury is not noted. Diagnostics have included: April 3, 2013 lumbar spine MRI was reported as showing prior L5-S1 laminectomy and L4-5 central canal stenosis with disc protrusion and fact degenerative change. Treatments have included: medications, December 2013 lumbar epidural steroid injection. The current diagnoses are: History if NSAID intolerance, back ache, lumbar radiculopathy. The stated purpose of the request for Tizanidine HCL 4 MG # 60, was for periodic muscle spasms. The request for Tizanidine HCL 4 MG # 60, was modified for QTY # 30 on May 15, 2014, noting that only a short term course of muscle relaxants are guideline-supported. The stated purpose of the request for Norco 5/325 MG # 45, was to provide pain relief. The request for Norco 5/325 MG # 45, was modified for QTY # 20 on May 15, 2014, citing a lack of documentation of objective evidence of derived functional improvement. The stated purpose of the request for 1 Bilateral transforaminal lumbar epidural steroid injection at L5 and S1, was to reduce pain and inflammation. The request for 1 Bilateral transforaminal lumbar epidural steroid injection at L5 and S1, was denied on May 15, 2014, citing a lack of documentation of reduced pain levels after the prior epidural injection. Per the report dated May 7, 2014, the treating physician noted complaints of pain to the lower back and bilateral lower extremities, rated as 4/10 and 9/10 with and without medications, with unchanged activity level. The treating physician also noted 65% improvement for three months from a previous epidural steroid injection on December 30, 2013 and also noted that the patient's back pain flared from a fall after the injection which was unrelated. Exam findings included lumbar tenderness and spasm, reduced left achilles reflex, decreased right-sided lateral thigh and lateral calf sensation, positive bilateral straight leg raising tests.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine, muscle relaxants Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Tizanidine HCL 4 MG # 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the lower back and bilateral lower extremities, rated as 4/10 and 9/10 with and without medications, with unchanged activity level. The treating physician has documented noted 65% improvement for three months from a previous epidural steroid injection on December 30, 2013 and also noted that the patient's back pain flared from a fall after the injection which was unrelated. Exam findings included lumbar tenderness and spasm, reduced left achilles reflex, decreased right-sided lateral thigh and lateral calf sensation, positive bilateral straight leg raising tests. The treating physician has documented a history of NSAID intolerance. However, there is insufficient documentation for use of this trial muscle relaxant beyond a 30 day trial. The criteria noted above not having been met, Tizanidine HCL 4 MG # 60 is not medically necessary.

**Norco 5/325 MG # 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning Page(s): 74,124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Opioids, On-Going Management Page(s): 80-82.

**Decision rationale:** The requested Norco 5/325 MG # 45 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the lower back and bilateral lower extremities, rated as 4/10 and 9/10 with and without medications, with unchanged activity level. The treating physician has documented noted 65% improvement for three months from a previous epidural steroid injection on December 30, 2013 and also noted that the patient's back pain flared from a fall after the injection which was unrelated. Exam findings included lumbar tenderness and spasm, reduced left achilles reflex, decreased right-sided lateral thigh and lateral calf sensation, positive bilateral straight leg raising tests. This medication has been prescribed since at least August 2013. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities

of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325 MG # 45 is not medically necessary.

### **1 Bilateral transforaminal lumbar epidural steroid injection at L5 and S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The requested 1 Bilateral transforaminal lumbar epidural steroid injection at L5 and S1 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials and "In the therapeutic phase, repeat blocks should be based on continued objective documented pain 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." The injured worker has pain to the lower back and bilateral lower extremities, rated as 4/10 and 9/10 with and without medications, with unchanged activity level. The treating physician has documented noted 65% improvement for three months from a previous epidural steroid injection on December 30, 2013 and also noted that the patient's back pain flared from a fall after the injection which was unrelated. Exam findings included lumbar tenderness and spasm, reduced left achilles reflex, decreased right-sided lateral thigh and lateral calf sensation, positive bilateral straight leg raising tests. The request for 1 Bilateral transforaminal lumbar epidural steroid injection at L5 and S1, was denied on May 15, 2014, citing a lack of documentation of reduced pain levels after the prior epidural injection. Even though there is documentation of symptomatic and exam findings indicative of radicular pain and radiculopathy, as well as reported 65% pain relief for three months, there is no documentation of reduced medication usage during that post-injection period. The criteria noted above not having been met, 1 Bilateral transforaminal lumbar epidural steroid injection at L5 and S1 is not medically necessary.