

<b>Case Number:</b>	CM13-0010668		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/24/1994
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work-related injury on October 24, 1994. Subsequently, the patient developed a chronic back pain. According to a progress report dated on July 18, 2013, the patient was complaining of ongoing back pain despite spinal cord stimulator. The patient physical examination demonstrated lumbar tenderness with reduced range of motion and positive straight leg raise testing. His MRI demonstrated status post L5-S1 fusion. The patient was diagnosed with chronic lumbar radiculitis status post the spinal cord stimulator implantation and post-lumbar laminectomy. The patient was treated with pain medications and epidural steroid injection without clear documentation of efficacy. There is no recent documentation about the patient condition. The provider requested authorization for following procedures and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-A1 transforaminal epidural injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient was status post 2 interventional treatments, which were transforaminal at lumbar epidural in 2011 and 2012 without clear documentation of efficacy. In addition, there is no recent clinical and objective documentation of radiculopathy. The patient is not candidate for surgery. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, bilateral L5-A1 transforaminal epidural injection is not medically necessary.

**MS Contin 30mg BID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of opioids Page(s): 76-79.

**Decision rationale:** MTUS guidelines state opioid prescriptions must be from a single practitioner, taken as directed and from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. The patient continues to have chronic pain despite the continuous use of narcotics. Therefore, the request for MS Contin 30mg BID is not medically necessary.

**Soma 4 per day:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, there is no documentation of muscle spasms, cramping or trigger points that require treatment with a muscle

relaxant. There is no justification for prolonged use of Soma. The request for Soma 4 per day is not medically necessary.