

<b>Case Number:</b>	CM14-0180070		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	01/29/2004
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 53 year old male who was injured on 1/29/2004. The diagnoses are lumbar radiculopathy, sacroiliitis, status post lumbar laminectomy, myofascial pain and low back pain. There are associated diagnoses of insomnia and post shingles pain. The 2013 MRI of the lumbar spine showed multilevel disc bulge, facet arthropathy. Lateral recess narrowing, bilateral foraminal narrowing and left sacroiliitis. The 2013 epidural steroid injection did not provide significant pain relief. The patient completed physical therapy, acupuncture treatment on 9/11/2014, [REDACTED] noted subjective complaint of low back pain radiating to the lower extremities. There was associated numbness and tingling sensations. There is tenderness over the lumbar spine. There were positive provocative tests for SI joint arthropathy and positive straight leg raising test. The 8/14/2014 UDS was inconsistent with non-detection for Ambien. Diazepam and hydrocodone was detected. A Utilization Review determination was rendered on 10/23/2014 recommending modified certification for Norco 10/325 mg #180 1 refill to no refill, non-certification for Ambien 10 mg #30 1 refill, Ibuprofen 800 mg #60 1 refill, modified certification for Valium 5 mg #60 to #45, non-certification for left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy and 10 trigger points injection to lumbar region with 1 cc DepoMedrol and 10 cc of Xylocaine 2%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180 with 1 Refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient is utilizing multiple sedative medications. There is no significant reduction in pain or functional restoration. There is indication of opioid induced hyperalgesia. There is documentation of inconsistent UDS. The criteria for Hydrocodone/APAP 10/325 mg #180 1 refill was not met.

**Ambien 10 mg #30 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of sedatives and medications for the treatment of insomnia be limited to periods of less than 4 weeks. The chronic use of sleep medications and sedatives is associated with the development of tolerance, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient is utilizing opioids and multiple sedatives. The criteria for the use of Ambien 10 mg #30 1 refill was not met.

**Ibuprofen 800 mg #60 with 1 Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ibuprofen

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

**Decision rationale:** The CA MTUS and the ODG recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, gastrointestinal and renal complications. The records did not indicate any reported adverse effect to the use of Ibuprofen. The patient is utilizing ibuprofen for the treatment of exacerbation of musculoskeletal pain. The criteria for the use of ibuprofen 800 mg #60 1 refill was met.

**Valium 5 mg #60 with 1 Refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24; 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Mental illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of sedatives and medications for the treatment of insomnia be limited to periods of less than 4 weeks. The chronic use of sleep medications and sedatives is associated with the development of tolerance, dependency, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient is utilizing opioids and multiple sedatives. The patient was utilizing Valium for the treatment of muscle spasm. There is a rapid development of tolerance associated with the use of muscle relaxants. The criteria for the use of Valium 5 mg #60 1 refill was not met.

**1 Left Transforaminal Lumbar Epidural Steroid Injection at Levels L4-5 and L5-S1 under Fluoroscopy Guidance:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Low Back

**Decision rationale:** The CA MTUS and the ODG recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medication and physical therapy have failed. The records indicate that the patient have completed physical therapy and medications treatment. The patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The criteria for left L4-5, L5-S1 fluoroscopic guided transforaminal epidural steroid injection was met.

**10 Trigger Point Injections to the Lumbar Spine with 1cc of Depo-Medrol and 10cc of Xylocaine 2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Low Back

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that trigger point injections procedures can be utilized for the treatment of painful myofascial taut bands that did not respond to conservative treatment with medications and physical therapy. The records indicate that the patient is also waiting epidural steroid injections for low back pain. The subjective, objective and radiological findings are consistent with lumbar radiculopathy. The criteria for 10 trigger point injections to lumbar spine with 1 cc DepoMedrol with 10 cc Xylocaine 2% were not met.