

<b>Case Number:</b>	CM14-0184171		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain Management 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 male patient with the date of injury of July 8, 2010. A Utilization Review dated October 23, 2014 recommended non-certification of transforaminal epidural injection at right L5-S1, Hydrocodone #60, Nortriptyline HCl #60, Naproxen Sodium #60, Hand subspecialty follow up, and general orthopedic follow up and partial certification of Omeprazole 20mg #60 and follow up x1 in 8 weeks. Hydrocodone and Nortriptyline were non-certified due to no evidence of objective functional gains. Follow up x1 in 8 weeks was partially certified due to the claimant currently authorized for physical therapy and Omeprazole. A Progress Report dated September 2, 2014 identifies Current Complaints of persistent neck and low back pain. Most of his low back pain is on the right with radiation into the buttock. He notes right upper extremity numbness and tingling to the hand as well as right lower extremity numbness and tingling to the knee, and occasionally to the right foot. He states Norco and Pamelor decreases pain by about 50%, allows him to increase his walking distance by about 5-10 minutes, and denies any side effects. Objective Findings identify gait is slow and mildly antalgic. Tenderness to palpation to the cervical and lumbar paraspinals. Ranges of motion of the cervical, thoracic and lumbar spines are decreased in all planes. Decreased sensation to the right C6 and C7 dermatomes. Decreased sensation to the right L3, L4, L5 and S1 dermatomes. Diagnoses identify grade I anterolisthesis at L5-S1, HNP of the cervical and lumbar spines, right C7 radiculopathy per EMG, mild right carpal tunnel syndrome per EMG, right elbow surgery in 2003, right shoulder rotator cuff repair with manipulation under anesthesia times three in 2007 and 2009, right knee meniscal surgery in 2010, left knee meniscal surgery times two in 2010 and 2011, and right hip trochanteric bursectomy and transverse fascial release in 2011. Request for authorization identifies #60 Omeprazole 20mg capsules, #90 Hydrocodone/APAP 10/325mg, #670 Nortriptyline HCL 25 mg

capsule, #60 Naproxen Sodium 550mg, hand subspecialty follow ups, general orthopedic follow ups, follow up in eight weeks, and transforaminal epidural injection on the right at L5 and S1.

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

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

#### **Transforaminal epidural injection at right L5-S1: 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 Page(s): 46.

**Decision rationale:** Regarding the request for transforaminal epidural injection at right L5-S1, MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested transforaminal epidural injection at right L5-S1 is not medically necessary.

#### **Omeprazole 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors PPIs

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.

#### **Hydrocodone #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco (Hydrocodone/Acetaminophen), MTUS California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it's noted that Hydrocodone is improving the patient's pain and function and does not cause side effects. As such, the currently requested Norco (Hydrocodone/Acetaminophen) is medically necessary.

**Nortriptyline CHL #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** Regarding the request for Nortriptyline, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, Nortriptyline is noted to improve pain and increase function, with no side effects. As such, the currently requested Nortriptyline is medically necessary.

**Naproxen Sodium #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for Naproxen, MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional

improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

**Hand subspecialty follow up:** 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 Workers' Compensation: Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

**Decision rationale:** Regarding the request for a hand subspecialty follow up, California MTUS does not specifically address the issue. Official Disability Guidelines cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring...The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, there is no indication as to why a hand subspecialty follow up is necessary for this patient. As such, the currently requested hand subspecialty follow up is not medically necessary.

**General orthopedic follow up:** 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 Workers' Compensation: Pain Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

**Decision rationale:** Regarding the request for a general orthopedic follow up, California MTUS does not specifically address the issue. Official Disability Guidelines cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring...The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, there is no indication as to why a general orthopedic follow up is necessary

for this patient. As such, the currently requested general orthopedic follow up is not medically necessary.