

<b>Case Number:</b>	CM14-0190470		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 case involves a 35 year old male who sustained an injury on 07/09/2009. The current diagnoses include lumbar herniated nucleus pulposus and sciatica. Per the doctor's note dated 10/14/2014, he had complaints of back pain and right leg pain. Physical examination of the lumbar spine revealed surgical scars on the posterior lumbar area, tenderness across the lumbar and sciatic notch, decreased range of motion, 5/5 strength and 2/4 deep tendon reflexes in bilateral lower extremities; and posterior thigh pain with straight leg raising on the right side. The medications list includes Flexeril, Norco and Medrol dose pack. He has undergone lumbar spine discectomy at L4-5 in 2012 and splenectomy. He has had epidural steroid injection (ESI) on 6/3/2014 with relief. He has had lumbar MRI dated 4/7/14, which revealed protrusion at L4-5 and bulge at L5-S1 with S1 root abutment; and lumbar CT scan dated 5/6/2014 which revealed disc bulge at L4-5. He has had physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar Epidural Injection:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines regarding epidural steroid injections (ESI) state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program" Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) 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." He has had ESI on 6/3/2014 with relief. The records provided do not specify objective documentation of 50-70% improved functional response and decrease in need for pain medications, with prior lumbar steroid injections. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The patient's response to the active treatment program is not specified in the records provided. A plan to accompany the proposed ESI with active rehab efforts is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. As such, this request is not medically necessary.

**Medrol Dose pack (unspecified dosage/quantity):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 11/21/14), Medrol Dose Pack, Oral Corticosteroids

**Decision rationale:** Medrol dose pack contains methylprednisolone. Per the Official Disability Guidelines (ODG) cited below, oral corticosteroids are "Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tanner, 2012) Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)" Therefore, there is no high grade scientific evidence to support the use of oral corticosteroids for this diagnosis. Response to other pharmacotherapy including non-steroidal anti-inflammatory drugs (NSAIDs) for pain is not specified in the records provided. Oral steroid is recommended for polymyalgia rheumatica (PMR). Evidence of polymyalgia rheumatica (PMR) is not specified in the records provided. As such, this request is not medically necessary.

**Norco (unspecified quantity/dosage):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 11/21/14), Opioids, Criteria for Use

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function and continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. Therefore, this request is not medically necessary.