

<b>Case Number:</b>	CM14-0203593		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal 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 patient is an injured worker with a history of lumbosacral degenerative disc disease, chronic back pain, lumbar radicular complaints, status post left shoulder rotator cuff arthroscopic surgery. The physical medicine & rehabilitation pain management consultation report dated October 30, 2014 document chronic low back pain with a date of injury July 23, 2013. The patient has back and bilateral lower extremity pain. While on a ladder, he fell backwards while hanging onto the ladder. He states that he landed on his back and that the basket of fruit which weighed about fifty pounds fell onto his chest. He has had pain ever since. He complains of neck and upper shoulder pain as well as arm, low back and leg symptoms. He has undergone twelve visits of chiropractic care. He has had left shoulder surgery. He denies any bowel or bladder control difficulties. He does have difficulty sleeping because of pain and feels weaker in his legs, worse on the right side. The patient has had magnetic resonance imaging and computed tomography scans done in the past. Recent magnetic resonance imaging of the lumbosacral spine revealed evidence of disc desiccation and degeneration from the L2-L3 through L5-S1 levels. There was evidence of disc bulging at multiple levels as well as annular tear at the L2-L3 and possibly L4-L5 levels. Some degenerative facet changes were also present. Electromyography and nerve conduction study performed on January 28, 2014 revealed evidence consistent with a right superficial peroneal sensory neuropathy along with evidence suggestive of a left S1 radiculopathy. Norco 10/325 mg three per day was effective in helping manage pain. No known drug allergies were noted. Left shoulder surgery in February 2013. The patient has essentially not worked since his injury. He smokes a pack of cigarettes per day. He has consumed alcohol only on an occasional basis in the past. He does not use illicit drugs. Physical examination was documented. Lumbosacral spine range of motion was decreased. There is tenderness to palpation along bilateral lower lumbar paraspinal muscles, iliolumbar and sacroiliac regions. Facet

maneuver is equivocal bilaterally. Straight leg raising elicits hamstring tightness and back pain bilaterally. Straight leg raising on the right side also elicits some pain that radiates all the way down to the heel of the right foot. This appears to be radicular in nature. He also complains of paresthesias that are increased on straight leg raising on the right along the lateral distal leg. Straight leg raising on the left is negative. Femoral nerve stretch test and Patrick's maneuver are negative bilaterally. Hip range of motion is within normal limits. Ranging of the right hip does elicit some mild back pain and hip pain. Reflexes are symmetrical in bilateral knees and ankles. Sensation and strength are within normal limits in bilateral lower extremities. Treatment plan included Prednisone, Norco, Mobic, and acupuncture.

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

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

**Prednisone 20 mg #12:** 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) Low Back - Lumbar & Thoracic (Acute & Chronic) Corticosteroids (oral/parenteral/IM for low back pain).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Prednisone. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that corticosteroids for low back pain is recommended in limited circumstances for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Corticosteroids are not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. Studies designed to investigate the use of oral, intramuscular, and intravenous steroids in the setting of acute low back pain are limited. Treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. Risks of steroids should be discussed with the patient and documented in the record. The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record. There is extremely limited evidence to recommend oral corticosteroid for acute radicular pain. The physical medicine & rehabilitation pain management consultation report dated October 30, 2014 document chronic low back pain with a date of injury July 23, 2013. The 10/30/14 progress report documented a request for Prednisone. The 10/30/14 progress report does not document acute radicular pain. Because acute radicular pain is not documented, the request for Prednisone is not supported by Official Disability Guidelines (ODG). Therefore, the request for Prednisone 20 mg #12 is not medically necessary.

**Norco 10/325 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96-91.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document a history of lumbosacral degenerative disc disease, chronic back pain, lumbar radicular complaints; status post left shoulder rotator cuff arthroscopic surgery. Medical records document objective evidence of pathology on MRI magnetic resonance imaging and CT computed tomography. Medical records document objective physical examination findings. Analgesia was documented. Activities of daily living were addressed. No adverse side effects were reported. Medical records document regular physician clinical evaluations and monitoring. The request for Norco 10/325 mg is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 10/325 mg #90 is medically necessary.