

Case Number:	CM14-0208901		
Date Assigned:	12/23/2014	Date of Injury:	07/06/2010
Decision Date:	02/13/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 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 injured worker is a 60 year-old female with a date of injury of July 6, 2010. The patient's industrially related diagnoses include status post anterior/posterior L4, L5, and S1 fusion with anterior-posterior fixation, chronic lumbar disc disease, right sacroiliitis, chronic mechanical back strain, left leg radiculopathy/radiculitis, and history of depression. MRI of the lumbar spine without contrast performed on June 26, 2013 demonstrated bi-foraminal disc osteophyte ridging at L3-4 with small annular tear involving the right posterior lateral corner of the sac. There is residual disc protrusion at L5-S1 and stable inter body fusion at L4-5 and L5-S1. An updated MRI of the lumbar spine on 5.16.2014 demonstrated no spinal canal stenosis. Susceptibility artifact related to anterior/posterior fusion as well as interspinous sparker devices at L4-5 and L5-S1. At L4-5, unchanged 2 mm of grade 1 anterolisthesis. Moderate facet disease and right facet joint is fused. At L5-S1, 2 mm AP annular bulge with mild bilateral neural foramina narrowing." The disputed issues are Norco 10/325mg #240 (prescribed 11-11-14), Lyrica 50mg #90 + 3 refills (prescribed 11-11-14), and transforaminal left L5-S1 epidural steroid injection. A utilization review determination on 11/21/2014 had non-certified these requests. The stated rationale for the denial of Norco was: "Various previous reviews have recommended weaning and discontinuation of Norco. To date, the patient continues to be prescribed Norco. In reviewing the patient's medication history, the patient's Norco dosage has increased from #180 to #240. There is no medical justification for escalating dosages. Additionally, continued and long-term use of opioids is not supported by the guidelines. Furthermore, continued opioid use is supported for patients who have returned to work. This is not the case for this patient as she has not returned to work." The stated rationale for the denial of Lyrica was: "This patient was recently authorized Lyrica 50mg #90 with 3 refills prescribed on 9/24/2014. It is unclear why the patient would require another 3-month refill of Lyrica at this time. The patient should refill after

consuming the previously authorized 3 refills. Consequently, authorization of the 11/11/14 prescription of Lyrica is not medically necessary at this time." Lastly, the stated rationale for the denial of an epidural steroid injection was: "In the absence of a neural compressive lesion, the diagnosis of a lumbar radiculopathy is not supported. Additionally, the current official report of the CT scan of the lumbar spine was not established. As per the guidelines, a radiculopathy must be supported by imaging studies and/or electrodiagnostic testing. This is not the case for this patient. Furthermore, the patient indicates that she is improving. Should additional information become available such as the office report of the lumbar CT scan, the request can be resubmitted for further consideration."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 (prescribed 11-11-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone and Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: With regard to the request for Norco, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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). Furthermore, the DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed, and closer monitoring is encouraged. Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. There was documentation that the injured worker used Norco for her pain and it was helping her with functioning and ambulation, but there was no documentation of specific examples of functional improvement and percent reduction in pain or reduced NRS.

Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Regarding UDS, the last two UDS provided for review completed on 9/27/2013 and 2/1/2014 were inconsistent (negative for hydrocodone) although Norco was prescribed at those times and there was no repeat urine drug screen (UDS) to verify compliance. Additionally, in the progress report dated 9/24/2014 there was documentation that the treating physician instructed the injured worker to start weaning off slowly during the course of the next several months; however, on 11/11/2014 the Norco quantity was increased from #180 to #240 without providing a rationale for the increase. Based on the lack of documentation and in light of these issues, medical necessity for

Norco 10/325mg on 11/11/2014 could not be established. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the treating physician should start a weaning schedule as he sees fit or supply the requisite monitoring documentation to continue this medication.

Lyrica 50mg #90 + 3 refills (prescribed 11-11-14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: With regard to the request for Lyrica, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the progress notes available for review, there was documentation that the injured worker previously failed Gabapentin and was using Lyrica for neuropathic pain. The injured worker reported both pain relief and improvement with functionality and ambulation. Additionally, there was discussion regarding side effects from this medication. In light of the documentation, the currently requested Lyrica 50mg #90 with 3 refills is medically necessary.

Transforaminal left L5-S1 epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injection.

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

Decision rationale: With regard to the request for transforaminal left L5-S1 epidural steroid injection, 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 two 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 progress report available for review (dated 11/11/2014), the injured worker had subjective complaints of left-sided leg pain and objective examination findings indicated sensory was diminished on left L1 and L5 distribution and positive straight leg raise on the left

supporting a diagnosis of radiculopathy. Additionally, the treating physician stated that a recent CT scan on 10/23/2014 showed that there was residual left L5-S1 moderate foraminal stenosis diagnosis corroborating the diagnosis of radiculopathy. Based on the guidelines and documentation, medical necessity for the requested transforaminal left L5-S1 epidural steroid injection is established.