

<b>Case Number:</b>	CM15-0006767		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51 year old female sustained a work related injury on 09/20/2011. On 09/02/2014, the injured worker underwent a lumbar epidural steroid injection. According to a progress report dated 09/16/2014, the injured worker presented with lower back pain that radiated to her right hip. Pain was rated 8 on a scale of 0-10 without medications. On 10/24/2014, she presented with lower back pain that radiated to her right hip. She reported that pain without medications was 10 on a scale of 0-10. According to the provider, the injured worker had a steroid epidural injection on 09/02/2014 for which she reported relieved the stabbing sensation in her low back and gave her greater than 60 percent overall relief for pain that was manageable. According to a progress report dated 12/23/2014, the injured worker complained of low back pain. She felt relief when she lied down during the exam. When she moved to reposition herself, she had back spasms. The injured worker reported that the benefit of chronic pain medication, activity restriction and rest continued to keep pain within a manageable level to allow her to complete necessary activities of daily living. The epidural steroid injection given on 09/02/2014 was noted to have provided some relief up to 60 percent for 6 weeks. Diagnoses included chronic pain syndrome, spasm of muscle, lumbago, myalgia and myositis, sacroiliitis not elsewhere classified, degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis unspecified. Medications included Cyclobenzaprine, Norco, and Tramadol. On 01/02/2015, Utilization Review non-certified transforaminal epidural steroid injection bilateral L1-L2 and modified Flexeril 10mg 1 by mouth every day #30, Norco 10/325mg 1 by mouth twice a day #60 and Tramadol 50mg 1 by mouth twice a day #60. In

regards to Flexeril documentation submitted for review did not indicate that the injured worker had any functional improvement with the use of this medication. In regard to Norco and Tramadol, documentation submitted for review indicated that the injured worker did not have significant analgesic effect with the use of these medications. In regard to the transforaminal epidural steroid injection, the injured worker had an epidural steroid injection performed on 09/02/2014. The injured worker's pain level upon re-evaluation on 10/24/2014 noted that the injured worker's pain level without medications as 10/10. Furthermore, the physical examination did not note any function improvement. Documentation did not indicate that the injured worker had a reduction in pain medication. Guidelines cited included CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections page 46, Antispasmodics, page 64 and Opioids page 78-79. The decision was appealed for an Independent Medical Review.

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

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

#### **Transforaminal ESI bilateral L1-L2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

**Decision rationale:** This 51 year old female has complained of low back pain since date of injury 9/20/11. She has been treated with epidural steroid injections, physical therapy and medications. The current request is for transforaminal ESI bilateral L1-2. . Per the MTUS guideline cited above, the following criteria must be met for an epidural steroid injection to be considered medically necessary: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) 3) Injections should be performed using fluoroscopy (live x-ray) for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The available medical records do not include documentation that meet criteria (7) above. Specifically, 50% pain relief with associated reduction of medication use for six to eight weeks was not documented in the available medical records after the previous epidural steroid injection. On the basis of the above MTUS guidelines and available provider documentation, transforaminal epidural steroid injection bilateral L1-L2 is not indicated as medically necessary.

**Flexeril 10mg 1 po qd #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 51 year old female has complained of low back pain since date of injury 9/20/11. She has been treated with epidural steroid injections, physical therapy and medications to include cyclobenzaprine since at least 07/2014. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

**Norco 10/325mg 1 po BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 51 year old female has complained of low back pain since date of injury 9/20/11. She has been treated with epidural steroid injections, physical therapy and medications to include opioids since at least 07/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.

**Tramadol 50mg 1 po BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 51 year old female has complained of low back pain since date of injury 9/20/11. She has been treated with epidural steroid injections, physical therapy and

medications to include opioids since at least 07/2014. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.