

<b>Case Number:</b>	CM15-0007667		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/05/2015
<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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 49-year-old [REDACTED] beneficiary who has filed a claim for chronic low back, knee, and hip pain reportedly associated with an industrial injury of January 24, 2010. In a Utilization Review Report dated January 5, 2015, the claims administrator failed to approve request for hydrocodone-acetaminophen, OxyContin, and a lumbar epidural steroid injection. The applicant's attorney subsequently appealed. In a progress note dated December 23, 2014, the applicant reported ongoing complaints of low back, knee, and hip pain. The applicant had had a previous epidural steroid injection in May 2014, it was noted. The applicant low back pain was getting progressively worse, the attending provider contended. The applicant was status post right knee total knee arthroplasty. The applicant also had comorbidities including hypothyroidism. The applicant's medications included Norco, OxyContin, Voltaren gel, tizanidine, Ativan, tramadol, and Lidoderm, several which needed refill, it was stated. The applicant was off of work and was receiving both worker's compensation indemnity benefits and disability insurance benefits, it was suggested. The applicant reported issues with insomnia and restlessness at night. Multiple medications were renewed. Repeat epidural steroid injection was sought. The applicant was deemed "disabled," it was acknowledged at the bottom of the report. The applicant reported difficulty performing activities of daily living as basic as cooking, driving, housekeeping, shopping, yard work, and ambulating. The applicant was reportedly using crutches, at times, it was suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10mg - Acetaminophen 325mg QTY: 150 do not fill prior to 1/27/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant was deemed disable, it was acknowledged on the December 23, 2014 progress note on which Norco (hydrocodone-acetaminophen) was renewed. On that day, the attending provider failed to outline any material improvements in function effected as a result of ongoing Norco usage. The applicant's continued reports of difficulty performing activities of daily living as basic as ambulating, cooking, doing household chores, yard work, etc., did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

**Hydrocodone 10mg - Acetaminophen 325mg QTY: 150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for hydrocodone-acetaminophen (Norco) #150 was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was acknowledged on December 2014 progress note on which Norco was renewed. On that date, the applicant was reporting difficulty to perform activities of daily living as basic as standing, walking, ambulating, doing yard work, doing household chores, cooking, etc. All of the foregoing, taken together, did not make a compelling case for continuation of hydrocodone-acetaminophen (Norco). Therefore, the request was not medically necessary.

**Oxycontin 20mg, ER QTY: 90, do not fill prior to 1/27/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The request for OxyContin 20 mg, long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of same. Here, however, the applicant was/is off of work, it was acknowledged on the December 23, 2014 progress note, referenced above. On that date, the applicant was reporting difficulty performing activities of daily living as basic as standing, walking, ambulating, cooking, driving, housekeeping, shopping, yard work, etc. All of the foregoing, taken together, did not make a compelling case for continuation of OxyContin, a long-acting opioid. Therefore, the request was not medically necessary.

**Oxycontin 20mg, ER QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for OxyContin 20 mg, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant was receiving both worker's compensation indemnity benefits and disability insurance benefits as of the December 23, 2014 progress note on which OxyContin was renewed. On that date, the applicant reported continued difficulty performing activities of daily living as basic as ambulating, shopping, household chores, yard work, cooking, etc. All of the foregoing, taken together, did not make a compelling case for continuation of OxyContin. Therefore, the request was not medically necessary.

**Bilateral transforaminal lumbar epidural steroid injection L4-L5:** Upheld

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

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

**Decision rationale:** Similarly, the proposed bilateral transforaminal lumbar epidural steroid injection at L4-L5 was likewise not medically necessary, medically appropriate, or indicated here. The request in question represents a repeat epidural steroid injection. The attending

provider acknowledged in his December 23, 2014 progress note that the applicant had had a prior epidural steroid injection in May 2014. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat epidural block should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off of work, receiving both worker's compensation indemnity and disability insurance benefits as of December 23, 2014. The applicant remained dependent on opioid agents such as Norco and OxyContin despite receipt of at least one prior epidural steroid injection. All of the foregoing, taken together, suggests a lack of functional improved as defined in MTUS 9792.20f, despite receiving at least one prior lumbar epidural injection in May 2014. Therefore, the request for a repeat epidural steroid injection was not medically necessary.

**Bilateral transforaminal lumbar epidural steroid injection L5-S1: Upheld**

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

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

**Decision rationale:** Finally, the request for bilateral transforaminal lumbar epidural steroid injection at L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. The request in question likewise represents a request for repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off of work as of December 23, 2014 progress note on which the repeat epidural steroid injection was sought. The applicant was receiving both worker's compensation indemnity benefits and disability insurance benefits; it was noted on that date. The applicant's failure to return to work, coupled with the applicant's continued dependence on multiple opioid agents such as OxyContin and Norco, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of at least one prior lumbar epidural steroid injection in May 2014. Therefore, the request was not medically necessary.