

Case Number:	CM15-0146321		
Date Assigned:	08/07/2015	Date of Injury:	03/05/2004
Decision Date:	09/22/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female, who sustained an industrial injury on 3-05-2004. Diagnoses include chronic pain, lumbar facet arthropathy and lumbar radiculitis. Treatment to date has included diagnostics, epidural steroid injections, home exercise, and medications including Norco, Cyclobenzaprine, Tramadol, naloxone, Gabapentin and Lyrica. Per the Pain Medicine Reevaluation dated 6-15-2015, the injured worker reported low back pain with radiation down the left lower extremity. The pain is accompanied by numbness frequently in the left lower extremity to the level of the foot. She also reports frequent muscle spasms in the back. Pain is rated as 4 out of 10 on average with medications since the last visit and 8 out of 10 on average without medications since the last visit. She reports that her pain has worsened since the last visit. Physical examination of the lumbar spine revealed spasm at L4-S1. There was tenderness upon palpation of the bilateral paravertebral muscles at L4-S1. The range of motion was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Magnetic resonance imaging (MRI) of the lumbar spine dated 12-19-2011 showed no significant interval change and very mild degenerative changes in the lower lumbar spine. Repeat MRI dated 11-13-2013 showed small disc bulges at L4-5 and L5-S1 without canal or neural foraminal stenosis. The plan of care included medication management and continuation of home exercise. Authorization was requested on 6-22-2015 for an interlaminar epidural steroid injection under fluoroscopic guidance, Ibuprofen 800mg #60, Norco 5-325mg #75, Tramadol 50mg #60, Tizanidine 2mg #60 and Clonidine 0.1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection at Left L5-S1 Qty: 1: 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 Injection Page(s): 46, 47.

Decision rationale: The patient presents with low back pain radiating down the LEFT lower extremity rated 4/10 with and 8/10 without medications. The request is for INTERLAMINAR EPIDURAL STEROID INJECTION AT LEFT L5-S1 QTY: 1. the request for authorization is dated 06/22/15. MRI of the lumbar spine, 11/13/13, shows small 2 mm disc bulges at L4-5 and L5-S1 levels without canal or neural foraminal stenosis; mild facet arthropathy and ligamentum flavum redundancy. The patient is status post lumbar epidural steroid injection LEFT L4-S1, 04/03/15. Post procedure the patient reports good (50-80%) overall improvement. The patient reports good functional improvement in the following areas: mood, sitting, sleeping, standing, walking in neighborhood, decreased in pain medication requirements Norco, improved mobility and improved sleep. The duration of the improvement was 2 months. Physical examination of the lumbar spine reveals there is spasm noted L4-S1. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the S1 dermatome in the LEFT lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4-S1 dermatome in the LEFT lower extremity. Straight leg raise with the patient in the seated position was positive on the LEFT for radicular pain at 30 degrees. An on-going home exercise educational program was initiated. Now going to gym 3/week. The patient reports that the use of current medication is helpful. Areas of functional improvement include: ability to attend church, brushing teeth, combing/washing hair, dressing, driving, shopping, talking on the phone and tying shoes. Medication review included a discussion of the impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects. The patient was counseled as to the benefits and potential side effects of the prescribed medications. A CURES report was obtained 11/10/14, and reviewed with the patient. Patient's medications include Ibuprofen, Norco, Tizanidine, Tramadol, and Clonidine per progress report dated 06/15/15, the patient is not working. MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. "Per progress report dated 06/15/15, treater's reason for the request is "The patient previously underwent a lumbar epidural steroid injection. The patient reports a positive response." The patient continues with low back pain radiating down the LEFT lower extremity. Physical examination of the lumbar spine reveals there is spasm noted L4-S1. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the S1 dermatome in the LEFT lower extremity. Motor exam shows

decreased strength of the extensor muscles along the L4-S1 dermatome in the LEFT lower extremity. Straight leg raise with the patient in the seated position was positive on the LEFT for radicular pain at 30 degrees. MRI of the lumbar spine, 11/13/13, shows small 2 mm disc bulges at L4-5 and L5-S1 levels without canal or neural foraminal stenosis; mild facet arthropathy and ligamentum flavum redundancy. In this case, radiculopathy is documented with dermatomal distribution of pain along with physical examination findings; however, it is not corroborated with MRI findings. Given the lack of dermatomal distribution of pain documented by physical examination findings, the request does not meet MTUS guideline indications. Therefore, the request IS NOT medically necessary.

Fluoroscopic guidance Qty: 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, under ESI Fluoroscopy.

Decision rationale: The patient presents with low back pain radiating down the LEFT lower extremity rated 4/10 with and 8/10 without medications. The request is for FLUOROSCOPIC GUIDANCE QTY: 1. the request for authorization is dated 06/22/15. MRI of the lumbar spine, 11/13/13, shows small 2 mm disc bulges at L4-5 and L5-S1 levels without canal or neural foraminal stenosis; mild facet arthropathy and ligamentum flavum redundancy. The patient is status post lumbar epidural steroid injection LEFT L4-S1, 04/03/15. Post procedure the patient reports good (50-80%) overall improvement. The patient reports good functional improvement in the following areas: mood, sitting, sleeping, standing, walking in neighborhood, decreased in pain medication requirements Norco, improved mobility and improved sleep. The duration of the improvement was 2 months. Physical examination of the lumbar spine reveals there is spasm noted L4-S1. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the S1 dermatome in the LEFT lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4-S1 dermatome in the LEFT lower extremity. Straight leg raise with the patient in the seated position was positive on the LEFT for radicular pain at 30 degrees. An on-going home exercise educational program was initiated. Now going to gym 3/week. The patient reports that the use of current medication is helpful. Areas of functional improvement include: ability to attend church, brushing teeth, combing/washing hair, dressing, driving, shopping, talking on the phone and tying shoes. Medication review included a discussion of the impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects. The patient was counseled as to the benefits and potential side effects of the prescribed medications. A CURES report was obtained 11/10/14, and reviewed with the patient. Patient's medications include Ibuprofen, Norco, Tizanidine, Tramadol, and Clonidine per progress report dated 06/15/15, the patient is not working. ODG-TWC, Chapter, under Fluoroscopy (ESI's) states: "Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy. Per progress report dated 06/15/15, treater's reason for the request is "The patient previously underwent a lumbar epidural steroid injection. The patient reports a positive response." In this case, the treater is requesting an interlaminar lumbar epidural under Fluoroscopic Guidance. However, the request for interlaminar lumbar epidural steroid injection is not authorized. Therefore, the request IS NOT medically necessary.

Ibuprofen 800mg #60 (Rx 06/22/15) twice daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22.

Decision rationale: The patient presents with low back pain radiating down the LEFT lower extremity rated 4/10 with and 8/10 without medications. The request is for IBUPROFEN 800MG #60 (RX 06/22/15) TWICE DAILY. The request for authorization is dated 06/22/15. MRI of the lumbar spine, 11/13/13, shows small 2 mm disc bulges at L4-5 and L5-S1 levels without canal or neural foraminal stenosis; mild facet arthropathy and ligamentum flavum redundancy. The patient is status post lumbar epidural steroid injection LEFT L4-S1, 04/03/15. Post procedure the patient reports good (50-80%) overall improvement. The patient reports good functional improvement in the following areas: mood, sitting, sleeping, standing, walking in neighborhood, decreased in pain medication requirements Norco, improved mobility and improved sleep. The duration of the improvement was 2 months. Physical examination of the lumbar spine reveals there is spasm noted L4-S1. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the S1 dermatome in the LEFT lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4-S1 dermatome in the LEFT lower extremity. Straight leg raise with the patient in the seated position was positive on the LEFT for radicular pain at 30 degrees. An on-going home exercise educational program was initiated. Now going to gym 3/week. The patient reports that the use of current medication is helpful. Areas of functional improvement include: ability to attend church, brushing teeth, combing/washing hair, dressing, driving, shopping, talking on the phone and tying shoes. Medication review included a discussion of the impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects. The patient was counseled as to the benefits and potential side effects of the prescribed medications. A CURES report was obtained 11/10/14, and reviewed with the patient. Patient's medications include Ibuprofen, Norco, Tizanidine, Tramadol, and Clonidine per progress report dated 06/15/15, the patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 06/15/15, treater's reason for the request is it "is a non-steroidal anti-inflammatory medication prescribed for pain and inflammation." The patient has been prescribed Ibuprofen since at least 01/12/15. Per progress report dated, 02/24/15, treater states, "She does her usual stretches and able to maintain her daily activities around the house." Per progress report dated, 10/31/14, treater states, "Her pain level with medication is described as 6/10. With medication her pain level is 3/10." The patient continues with hand and wrist pain. The treater has adequately documented decreased in pain and increase in function. Per progress report dated, 02/24/15, treater states, "She is down from 2400mg of ibuprofen, before treatment to 1200 mg a day. Follow-up appointment in three months," therefore, the request IS medically necessary.

Tramadol 50mg #60 (Rx 06/22/15) every 12 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 80-83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with low back pain radiating down the LEFT lower extremity rated 4/10 with and 8/10 without medications. The request is for TRAMADOL 50 MG #60 (RX 06/22/15) EVERY 12 HOURS AS NEEDED. The request for authorization is dated 06/22/15. MRI of the lumbar spine, 11/13/13, shows small 2 mm disc bulges at L4-5 and L5-S1 levels without canal or neural foraminal stenosis; mild facet arthropathy and ligamentum flavum redundancy. The patient is status post lumbar epidural steroid injection LEFT L4-S1, 04/03/15. Post procedure the patient reports good (50-80%) overall improvement. The patient reports good functional improvement in the following areas: mood, sitting, sleeping, standing, walking in neighborhood, decreased in pain medication requirements Norco, improved mobility and improved sleep. The duration of the improvement was 2 months. Physical examination of the lumbar spine reveals there is spasm noted L4-S1. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the S1 dermatome in the LEFT lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4-S1 dermatome in the LEFT lower extremity. Straight leg raise with the patient in the seated position was positive on the LEFT for radicular pain at 30 degrees. An on-going home exercise educational program was initiated. Now going to gym 3/week. The patient reports that the use of current medication is helpful. Areas of functional improvement include: ability to attend church, brushing teeth, combing/washing hair, dressing, driving, shopping, talking on the phone and tying shoes. Medication review included a discussion of the impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects. The patient was counseled as to the benefits and potential side effects of the prescribed medications. A CURES report was obtained 11/10/14, and reviewed with the patient. Patient's medications include Ibuprofen, Norco, Tizanidine, Tramadol, and Clonidine per progress report dated 06/15/15, the patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 13 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per progress report dated 06/15/15, treater's reason for the request is it "is a central acting synthetic opiate analgesic prescribed for pain, Weaning slowly from previous dosage." The patient has been prescribed Tramadol since at least 01/12/15. MTUS requires appropriate discussion of the 4A's, and treater discusses how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Tramadol. There are documentation and discussion regarding adverse effects and aberrant

drug behavior. However, MTUS p80, 81 also states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). This patient does not present with pain that is presumed to be maintained by continual injury. Therefore, the request IS NOT medically necessary.

Norco 5/325mg #75 (Rx 06/22/15) every 8-12 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 80-83, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with low back pain radiating down the LEFT lower extremity rated 4/10 with and 8/10 without medications. The request is for NORCO 5/325MG #75 (RX 06/22/15) EVERY 8-12 HOURS AS NEEDED. The request for authorization is dated 06/22/15. MRI of the lumbar spine, 11/13/13, shows small 2 mm disc bulges at L4-5 and L5-S1 levels without canal or neural foraminal stenosis; mild facet arthropathy and ligamentum flavum redundancy. The patient is status post lumbar epidural steroid injection LEFT L4-S1, 04/03/15. Post procedure the patient reports good (50-80%) overall improvement. The patient reports good functional improvement in the following areas: mood, sitting, sleeping, standing, walking in neighborhood, decreased in pain medication requirements Norco, improved mobility and improved sleep. The duration of the improvement was 2 months. Physical examination of the lumbar spine reveals there is spasm noted L4-S1. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the S1 dermatome in the LEFT lower extremity. Motor exam shows decreased strength of the extensor muscles along the L4-S1 dermatome in the LEFT lower extremity. Straight leg raise with the patient in the seated position was positive on the LEFT for radicular pain at 30 degrees. An on-going home exercise educational program was initiated. Now going to gym 3/week. The patient reports that the use of current medication is helpful. Areas of functional improvement include: ability to attend church, brushing teeth, combing/washing hair, dressing, driving, shopping, talking on the phone and tying shoes. Medication review included a discussion of the impact on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse effects. The patient was counseled as to the benefits and potential side effects of the prescribed medications. A CURES report was obtained 11/10/14, and reviewed with the patient. Patient's medications include Ibuprofen, Norco, Tizanidine, Tramadol, and Clonidine per progress report dated 06/15/15, the patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 06/15/15, treater's reason for the request is it "is an opiate analgesic prescribed for pain, Weaning slowly from previous dosage." The patient has

been prescribed Norco since at least 01/12/15. MTUS requires appropriate discussion of the 4A's, and treater discusses how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. There are documentation and discussion regarding adverse effects and aberrant drug behavior. However, MTUS p80 81 also states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain per MTUS, stating, Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). This patient does not present with pain that is presumed to be maintained by continual injury. Therefore, the request IS NOT medically necessary.