

Case Number:	CM15-0163831		
Date Assigned:	09/01/2015	Date of Injury:	07/31/2011
Decision Date:	10/29/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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 47 year old female, who sustained an industrial injury on July 31, 2011. She reported a lower back injury. The injured worker was diagnosed as having L2-L3 (lumbar 2-lumbar 3) disk bulging, a question of L4-L5 (lumbar 4-lumbar 5) and L5-S1 (lumbar 5-sacral 1) disk disorder with radiculopathy, and lumbalgia. Diagnostic studies to date have included MRIs and electrodiagnostic studies. Treatment to date has included lumbar transforaminal epidural steroid injection with short-term benefit, lumbar medial branch block, sacroiliac joint injections in 2013 and on March 27, 2014 with almost complete resolution of her spinal pain that is sacroiliac joint mediated, and medications including short-acting and long-acting opioid analgesics, topical analgesic, histamine 2 blocker, an over-the-counter antacid, steroid, and antidepressant. On July 15, 2015, the injured worker reported lumbar stiffness and bilateral leg numbness, radicular pain, and weakness. Her pain severity was rated 8 out of 10. The pain was described as aching, burning, throbbing, shooting, spasming, stiff, sore, pressure, and shoots down legs. The pain was aggravated by flexion and extension of the back and hip and hip rotation. She reported continued substantial benefit of her medications with about 90% improvement in pain. She reported increased lumbar spinal pain with spasm and increased trochanteric bursae area pain. The physical exam revealed tenderness to palpation of the bilateral greater trochanteric, pain of the lumbar spine with valsalva, a positive Faber maneuver, pain to palpation over the L3-L4, L4-L5, and L5-S1 facet capsules bilaterally and secondary myofascial pain with triggering and ropey fibrotic banding. The left straight leg raise was positive at 45 degrees with pain radiating to the left buttock, posterior thigh, medial and lateral leg, posterior

calf, heel, and foot. The right straight leg raise was positive at 45 degrees with pain radiating to the right buttock, posterior thigh, medial and lateral leg, posterior calf, heel, and foot. The treating physician noted the injured worker had findings for trochanteric bursitis. Her work status remained temporarily totally disabled. The requested treatments included Norco, Opana ER, and bilateral bursal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral bursal injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines Plus, APG I Plus, 2010 Chapter Chronic Pain, Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Trochanteric bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter under Intra-articular steroid hip injection (IASHI).

Decision rationale: The patient presents with low back pain. Patient is experiencing back stiffness, numbness in right and left leg, radicular pain in right and left leg and weakness in right and left leg. The request is for bilateral bursal injections. The request for authorization is dated 07/15/15. MRI, 10/18/12, shows L5-S1 mild degenerative disk disease. Physical examination of the lumbosacral reveals pain with valsalva, positive FABER maneuver, pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. Straight-leg raise testing is positive bilaterally. Tenderness to bilateral greater trochanteric palpation. She has findings for trochanteric bursitis. The patient has been continuing note substantial benefit of the medications. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR'S reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on 03/26/15 was WNL as they all are, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest dosing, she was well below the MED anticipated for her injury, and she has attempted to wean the medications with increased pain suffering, and decreased functional capacity. Patient's medications include Norco, Opana, Pepcid, and Venlafaxine. Per progress report dated 08/12/15, the patient is temporarily totally disabled. ODG guidelines, Hip and Pelvis Chapter under Intra-articular steroid hip injection (IASHI) Section states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) Intra articular glucocorticoid injections with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis." Under the topic "Sacroiliac Joint Blocks", ODG also states that "Responsiveness to prior interventions with improvement in physical and functional status to proceed with repeat blocks or other interventions." Treater does not discuss the request. Per UR letter dated 07/23/15, reviewer

states, "The available clinical information documents prior UR approval 6/2/15." In this case, it appears the patient was approved for a prior Bursal Injection. ODG supports repeat injections in patients who have significant improvement in pain and function after the initial intervention. However, treater does not discuss or document how the patient did following the initial injection. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain. Patient is experiencing back stiffness, numbness in right and left leg, radicular pain in right and left leg and weakness in right and left leg. The request is for Norco 10/325MG #240. The request for authorization is dated 07/15/15. MRI, 10/18/12, shows L5-S1 mild degenerative disk disease. Physical examination of the lumbosacral reveals pain with valsalva, positive FABER maneuver, pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. Straight-leg raise testing is positive bilaterally. Tenderness to bilateral greater trochanteric palpation. She has findings for trochanteric bursitis. The patient has been continuing note substantial benefit of the medications. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR'S reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on 03/26/15 was WNL as they all are, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest dosing, she was well below the MED anticipated for her injury, and she has attempted to wean the medications with increased pain suffering, and decreased functional capacity. Patient's medications include Norco, Opana, Pepcid, and Venlafaxine. Per progress report dated 08/12/15, the patient is temporarily totally disabled. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it

"Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Patient has been prescribed Norco since at least 06/24/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. A UDS was documented. Long-term use of opiates may be indicated for nociceptive pain as it is "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)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain. Patient is experiencing back stiffness, numbness in right and left leg, radicular pain in right and left leg and weakness in right and left leg. The request is for OPANA ER 20MG #60. The request for authorization is dated 07/15/15. MRI, 10/18/12, shows L5-S1 mild degenerative disk disease. Physical examination of the lumbosacral reveals pain with valsalva, positive FABER maneuver, pain to palpation over the L3 to L4, L4 to L5 and L5 to S1 facet capsules bilateral and secondary myofascial pain with triggering and ropey fibrotic banding. Straight-leg raise testing is positive bilaterally. Tenderness to bilateral greater trochanteric palpation. She has findings for trochanteric bursitis. The patient has been continuing note substantial benefit of the medications. There is no evidence of drug abuse or diversion, no aberrant behavior observed and no ADR'S reported. Medication was reviewed and DDI was checked, she has no side effects, no complications, no aberrant behavior, UDS on 03/26/15 was WNL as they all are, she has no signs of illicit drug abuse, diversion, habituation and is on the lowest dosing, she was well below the MED anticipated for her injury, and she has attempted to wean the medications with increased pain suffering, and decreased functional capacity. Patient's medications include Norco, Opana, Pepcid, and Venlafaxine. Per progress report dated 08/12/15, the patient is temporarily totally disabled. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a

validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Patient has been prescribed Opana since at least 08/25/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Opana significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Opana. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. A UDS was documented. Long-term use of opiates may be indicated for nociceptive pain as it is "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)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.