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| <b>Case Number:</b>   | CM15-0166385 |                              |            |
| <b>Date Assigned:</b> | 09/04/2015   | <b>Date of Injury:</b>       | 05/28/1996 |
| <b>Decision Date:</b> | 10/09/2015   | <b>UR Denial Date:</b>       | 08/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/24/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 67 year old female, who sustained an industrial injury on 5-28-96. She reported pain in her lower back. The injured worker was diagnosed as having lumbosacral spondylosis and degeneration of lumbar disc. Treatment to date has included a bilateral L4-L5 and L5-S1 radiofrequency ablation on 6-27-14 and 3-13-15 and a lumbar MRI. Current medications include Celebrex, Elavil, Nexium and Norco (since at least 4-24-15). On 4-24-15 the injured worker reported 50% pain relief from Norco and was able to reduce her Norco due to the radiofrequency ablation. She rated her pain a 7 out of 10. As of the PR2 dated 6-25-15, the injured worker reports a sudden onset of right sided lumbosacral pain, brought on by walking five minutes and relieved by lying down. She rates her pain a 4 out of 10. Objective findings include lumbar extension 20 degrees, rotation 60 degrees bilaterally and a negative straight leg raise test. The treating physician requested a right L5-S1 transforaminal epidural steroid injection and Norco 7.5-325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 TESI:** 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): Epidural steroid injections (ESIs).

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. MRI of the lumbar spine dated 12/30/08 revealed advanced degenerative disc disease with disc space narrowing and 2-3mm disc bulges and endplate osteophytes at all disc levels. There was no severe spinal stenosis. The documentation submitted for review does not contain physical exam findings of radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. These findings are not documented, so medical necessity is not affirmed. As the first criteria are not met, the request is not medically necessary.

**Retrospective Hydrocodone-Acetaminophen (Norco) 7.5-325mg 1 tab Q12 Hours PRN dispense 60 tab refill 0:** 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.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of 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 nonadherent) drug

related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 1/16/15 was consistent with prescribed medications. CURES report was reviewed 1/2015 and was appropriate. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed and therefore is not medically necessary.