

Case Number:	CM15-0168775		
Date Assigned:	09/09/2015	Date of Injury:	03/16/2000
Decision Date:	10/26/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 54 year old male, who sustained an industrial injury on March 16, 2000. He reported an injury to his low back with bilateral lower extremities numbness. The injured worker was diagnosed as having chronic pain status post lumbar surgery, right lumbar radiculopathy, lumbar facet arthropathy, and lumbar myofascial strain. The injured worker has continued low back pain that radiates into his buttocks. He rates his pain a 6-7 on a 10-point scale and rated his pain a 7 on a 10-point scale at his previous evaluation. His current medication regimen includes Norco which was prescribed at least as early as January 25, 2015, Temazepam, Soma, Prilosec and Capsaicin cream. The injured worker reports continued low back pain which he rates a 7 on a 10-point scale. He reports that his Norco helps to decrease his pain by 80-90% for a few hours and he rates his pain a 4 on a 10-point scale with his medications and an 8-9 on a 10-point scale without his medications. His previous pain rating for his low back pain was a 7 on a 10-point scale. On physical examination he has a mildly antalgic gait and diffuse tenderness to palpation over the lumbar spine. He has no improvement in lumbar spine range of motion and continues to have a decreased sensation. Previous lumbar transforaminal epidural steroid injections reduced the injured worker's pain from an 8-9 on a 10-point scale to a 5 on a 10-point scale. His lumbar transforaminal epidural steroid injection on 5/2/2012 reduced his pain by 40% for six weeks. A urine drug screen was collected on June 30, 2015 which revealed consistency with the injured worker's medications. Treatment to date has included twenty-four visits of chiropractic therapy, eight visits for physical therapy, eleven visits for acupuncture, opioid medications, topical pain medications, and NSAIDS and lumbar transforaminal epidural steroid

injections. A request was received on August 4, 2015 for Norco 10/325 #1230, Hysingla ER 30 mg #30, Lidocaine 5%, right lumbar transforaminal epidural steroid injection, urine drug screen and MRI of the thoracic spine. The Utilization Review physician determined that Norco, Hysingla ER, Lidocaine 5% right lumbar transforaminal epidural steroid injection, MRI of the thoracic spine, and urine drug screen were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325 #120: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

1 Prescription of Hysingla ER 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG and MTUS, Hysingla ER (Hydrocodone bitartrate extended-release) is a long-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A

pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of pain relief effectiveness or functional status from opioid medications. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested Hydrocodone is not medically necessary.

1 Prescription of Lidocaine 5%: 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): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, topical analgesics, such as Lidoderm patches, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica). Lidoderm patches are not a first-line treatment and are only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In addition, this medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Lidoderm patches have been prescribed for over a year with no objective evidence of any functional improvement. Medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.

1 Right TFESI L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain

relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, the documentation indicates that the patient has undergone at last 3 prior lumbar injections in which the most recently documented injection did not provide 50% relief for 6-8 weeks. Medical necessity of the requested bilateral L5-S1 transforaminal ESI has not been established. The requested service is not medically necessary.

1 Urine drug screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing (UDT).

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, it has been recommended that the patient taper from opiate therapy, therefore a urine drug screen is not necessary to monitor compliance. Medical necessity for the requested test has not been established. The requested test is not medically necessary.

1 MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the thoracic spine.

Decision rationale: According to the ODG, most true neck and upper back problems special studies, such as an MRI (magnetic resonance imaging), are not indicated unless a neurologic deficit is documented on physical exam, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. There is no documentation of any neurological deficit(s) related to the thoracic spine to necessitate an MRI of the thoracic spine. Medical necessity for the requested service has not been established. The requested closed MRI of the thoracic spine is not medically necessary.