

<b>Case Number:</b>	CM15-0182225		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/10/1991
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 59 year old male with a date of injury of December 10, 1991. A review of the medical records indicates that the injured worker is undergoing treatment for sciatica and back sprain. Medical records dated August 4, 2015 indicate that the injured worker complains of acute lumbar spine pain a week earlier with some left leg radiculopathy, pain rated at a level of 8 out of 10 with stiffness. A progress note dated September 3, 2015 indicate that the injured worker complains of pain rated at a level of 7 to 8 out of 10 and 3 out of 10 with medications, a feeling of warmth in the left foot and paresthesias, and sensation of 7 to 9 out of 10 pain in the left buttock. Per the treating physician (September 3, 2015), the employee has not returned to work. The physical exam dated August 4, 2015 reveals spasm of the lumbar spine, and absent reflexes at the knee and ankle. The progress note dated September 3, 2015 documented a physical examination that showed no pain with lumbar extension, diminished reflexes at the knee, and absent reflexes at the ankle. Treatment has included medications (Tylenol #3 noted in October of 2014; Celebrex and Vicodin since at least February of 2015; Norco and Flexeril since at least August of 2015), and magnetic resonance imaging of the lumbar spine August 31, 2015) that showed left L2 nerve root compression with transforaminal narrowing. The original utilization review (September 8, 2015) non-certified a request for a Medrol dosepak and partially certified a request for Tylenol #3 #45 (original request for #90).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrol dosepak: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Corticosteroids.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Medrol dosepak is not medically necessary. Oral corticosteroids are recommended in limited circumstances for acute radicular pain. They are not recommended for acute non-radicular pain. Criteria for use include clear-cut signs and symptoms of radiculopathy; risks of steroids should be discussed and documented; the patient should be aware that research provides limited evidence of effect and this should be documented in the record; and current research indicates early treatment is most successful; treatment in the chronic phase should generally be after a symptom-free period with subsequent exacerbation or evidence of a new injury. In this case, the injured worker's working diagnoses are sciatica; hematuria; dysuria; and sprain of back NOS. Date of injury is December 10, 1991. Request for authorization is dated August 27th 2015. According to an August 12, 2015 progress note, current medications include Norco, Flexeril and Celebrex. According to an August 27, 2015 progress note, there are no subjective complaints documented. There is no pain scale document. Objectively, there is a very limited examination indicating straight leg raising was positive. Medrol is not clinically indicated for chronic pain. There is no clinical rationale for medical dose pack. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for chronic pain, Medrol dosepak is not medically necessary.

**Tylenol #3, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and 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) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tylenol #3, #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no

overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are sciatica; hematuria; dysuria; and sprain of back NOS. Date of injury is December 10, 1991. Request for authorization is dated August 27th 2015. According to an August 12, 2015 progress note, current medications include Norco, Flexeril and Celebrex. According to an August 27, 2015 progress note, there are no subjective complaints documented. There is no pain scale document. Objectively, there is a very limited examination indicating straight leg raising was positive. The documentation shows the injured worker is already taking Norco 10/325mg. There is no clinical rationale for the addition of a second opiate. Additionally, there are no subjective complaints or pain scale documented. There is no documentation demonstrating objective functional improvement with Norco. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with Norco and no clinical indication or rationale for adding Tylenol #3, Tylenol #3, #90 is not medically necessary.