

<b>Case Number:</b>	CM15-0185192		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/08/2001
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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 63 year old man sustained an industrial injury on 3-8-2001. Evaluations include lumbar spine MRI dated 7-31-2015. Treatment has included oral medications including Norco and Zanaflex as well as surgical intervention. Physician notes dated 8-11-2015 show complaints of low back pain rated 9 out of 10. A detailed physical examination is not identified. Recommendations include lumbar epidural steroid injection, continue current medication regimen with the possibility of a longer acting medication in the future. Utilization Review denied requests for lumbar epidural x2 units, fluro guidance x2 units, epidurogram x2 units, surgical tray x2 units and Hysingla ER on 9-4-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural times 2 units:** 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:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is 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 functional benefit. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. The injured worker complains of chronic radicular low back pain. Physician report indicates that previous Epidural injection has been performed with subjective improvement. Documentation reviewed however fails to show demonstrable improvement in pain and function, and there is no evidence of a prescribed home exercise program in conjunction with the request epidural steroid injection. The request for Lumbar epidural times 2 units is not medically necessary by MTUS.

**Fluro guidance times 2 units:** 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): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fluoroscopy.

**Decision rationale:** ODG recommends Fluoroscopy in guiding the needle into the epidural space during epidural steroid injections (ESI). With the Epidural steroid injection not having been approved, fluoroscopic guidance is no longer indicated. The request for Fluro guidance times 2 units is not medically necessary.

**Epidurogram times 2 units:** 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): Epidural steroid injections (ESIs).

**Decision rationale:** With the Epidural steroid injection not having been approved, epidurogram is no longer indicated. The request for Epidurogram times 2 units is not medically necessary.

**Surgical tray times 2 units:** 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): Epidural steroid injections (ESIs).

**Decision rationale:** With the Epidural steroid injection not having been approved, the use of a surgical tray is no longer indicated. The request for Surgical tray times 2 units is not medically necessary.

**Hysingla ER 40 mg 1 PO QD:** Upheld

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

**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 Chapter, Hysingla (hydrocodone).

**Decision rationale:** Hysingla is an extended-release (ER) form of Hydrocodone that is indicated for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Hysingla is an FDA approved single-entity opioid analgesic hydrocodone bitartrate with abuse-deterrent properties that are expected to reduce, but not totally prevent, abuse of the drug when chewed and then taken orally, or crushed and snorted or injected. ODG does not recommend Hysingla (hydrocodone) for first-line use for treatment of acute or chronic non-malignant pain. Per guidelines, short-acting opioids are recommended prior to use of long-acting opioids. MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate significant objective improvement in level of function or pain with current opioid use. The medical necessity for long acting opioid drug with abuse-deterrent properties has not been established. Per guidelines, the request for Hysingla ER 40 mg 1 PO QD is not medically necessary.