

<b>Case Number:</b>	CM15-0187697		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/30/1986
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59-year-old male who sustained an industrial injury on 6-30-1986. Diagnoses have included chronic low back pain, history of pelvic fracture, and chronic right S1 radiculopathy. An MRI performed 9-24-2014 is stated to have shown lumbar disc and facet degenerative disease, spinal stenosis, and moderate to severe bilateral neuroforaminal stenosis for large disc osteophyte complex. Recent documented treatment includes home exercise, and epidural steroid injections with the last performed 5-22-2015 providing "50 percent relief for over 2 months." He has been using medication including Percocet, Lyrica, Opana, Relafen, Tizanidine, and Norco. He uses MS Contin stated to bring pain down from 10 to 8 out of 10 on the pain scale. On 6-6-15, the physician reported that use of MS Contin and Norco provided pain relief from 10 to 5, enabling him to perform activities of daily living unassisted. A urine drug screen dated 5-5-2015 was stated by the physician as being "consistent," he has a signed pain contract, and the physician reports "no aberrant behaviors." The injured worker continues to present with low back pain and noted to have antalgic posture and gait, walks with a cane, leans, and walks with a "wide-based stance." Pain shoots into his right lower extremity and down the back of his leg. The 7-29-2015 note states that he is not working due to difficulty with prolonged sitting, standing, bending, twisting, or lifting 10-15 pounds. The treating physician's plan of care includes a request for authorization submitted on 9-3-2015 for MS Contin #60, Zanaflex #60, and one S1 transforaminal epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right S1 transforaminal epidural steroid injection: 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:** The claimant has a remote history of a work injury in June 1986 as the result of a crush injury and is being treated for chronic low back pain with right lower extremity radicular symptoms. Medications are referenced as decreasing pain from 10/10 to 5/10. A right L5/S1 transforaminal epidural steroid injection was done in May 2013. In September 2013 there had been good relief of his radicular symptoms after the injection but they had returned. An L5/S1 interlaminar epidural steroid injection was done. A right L4/5 transforaminal epidural steroid injection was done in December 2014 and right S1 transforaminal epidural steroid injection was done in May 2015. Prior to the injection MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 170 mg per day and in June 2015 MS Contin and Percocet were being prescribed at an MED of 180 mg per day. When seen, there had been more than 50% pain relief lasting for about two months. MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Physical examination findings included appearing in moderate distress. He was wearing a back brace. There was an antalgic posture. A repeat injection and medications are being requested. His MS Contin and Norco were refilled at a decreased MED of 120 mg per day. In the therapeutic phase guidelines recommend that a repeat epidural steroid injection 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. In this case, the total MED being prescribed increased after the injection in May 2015 from 170 mg to 180 mg per day. The requested repeat lumbar epidural steroid injection is not considered medically necessary.

**MS Contin 30mg #60: Overturned**

**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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

**Decision rationale:** The claimant has a remote history of a work injury in June 1986 as the result of a crush injury and is being treated for chronic low back pain with right lower extremity radicular symptoms. Medications are referenced as decreasing pain from 10/10 to 5/10. A right L5/S1 transforaminal epidural steroid injection was done in May 2013. In September 2013 there

had been good relief of his radicular symptoms after the injection but they had returned. An L5/S1 interlaminar epidural steroid injection was done. A right L4/5 transforaminal epidural steroid injection was done in December 2014 and right S1 transforaminal epidural steroid injection was done in May 2015. Prior to the injection MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 170 mg per day and in June 2015 MS Contin and Percocet were being prescribed at an MED of 180 mg per day. When seen, there had been more than 50% pain relief lasting for about two months. MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Physical examination findings included appearing in moderate distress. He was wearing a back brace. There was an antalgic posture. A repeat injection and medications are being requested. His MS Contin and Norco were refilled at a decreased MED of 120 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain. The total MED is now 120 mg per day consistent with guideline recommendations. The request is medically necessary.

**Zanaflex 4mg #60 with 1 refill:** 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): Muscle relaxants (for pain).

**Decision rationale:** The claimant has a remote history of a work injury in June 1986 as the result of a crush injury and is being treated for chronic low back pain with right lower extremity radicular symptoms. Medications are referenced as decreasing pain from 10/10 to 5/10. A right L5/S1 transforaminal epidural steroid injection was done in May 2013. In September 2013 there had been good relief of his radicular symptoms after the injection but they had returned. An L5/S1 interlaminar epidural steroid injection was done. A right L4/5 transforaminal epidural steroid injection was done in December 2014 and right S1 transforaminal epidural steroid injection was done in May 2015. Prior to the injection MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 170 mg per day and in June 2015 MS Contin and Percocet were being prescribed at an MED of 180 mg per day. When seen, there had been more than 50% pain relief lasting for about two months. MS Contin and Norco were being prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Physical examination findings included appearing in moderate distress. He was wearing a back brace. There was an antalgic posture. A repeat injection and medications are being requested. His MS Contin and Norco were refilled at a decreased MED of 120 mg per day. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.