

<b>Case Number:</b>	CM15-0196176		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65 year old female with an industrial injury date of 10-14-2003. Medical record review indicates she is being treated for chronic intractable pain syndrome, low back pain (chronic), degenerative disc disease (lumbar spine), spinal stenosis (lumbar), lumbar radiculopathy, spondylosis (lumbar), cervicgia, degenerative disc disease (cervical spine), spondylosis (cervical) and depression. The injured worker presented on 09-08-2015 with complaints of low back and neck pain. She reported she did not get as much relief with the left lumbar 4-lumbar 5 transforaminal epidural injections on 08-13-2015 as she did with the injections in mid-January. She also noted right leg pain was "very elevated." "She continues to have severe back pain." Her pain ratings are documented as 5 out of 10 on a good day and 8 out of 10 on a bad day. Work status is documented as permanent and stationary. Her medications included Opana, Oxycodone (since at least 03-16-2015), Robaxin, Ambien and Pristiq. Prior medications included Soma and Diclofenac. Prior treatments included pain management, physical therapy, neurosurgical consultation, transforaminal epidural injections, psychotherapy and cognitive behavioral therapy. The treating physician documented greater than 80% improvement in pain for greater than 12 months with epidural steroid injection done in July 2014. Physical exam (09-08-2015) included pain with extension and lateral flexion of the cervical spine. Lumbar spine was positive for stiffness and tenderness (right side mainly), moderate to severe tenderness right sciatic, peroneal, femoral and tibial nerves and mild to moderate tenderness left sciatic, peroneal femoral and tibial nerves. Lying and sitting straight leg raise were positive on the right. The treating physician documented pain agreement was on file, unannounced urine drug screening was performed routinely and cures database was reviewed

routinely. On 09-15-2015 the request for Percocet 10/325 mg Qty: 90.00 were modified to a quantity of 60. The request for Transforaminal Right L 5 Selective Nerve Root Block Qty: 1.00 and Transforaminal Right L 5 Selective Nerve Root Block Qty: 1.00 was denied by utilization review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Percocet 10/325mg Qty: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

#### **Transforaminal Right L4 Selective Nerve Root Block Qty: 1.00: Upheld**

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

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Moreover MTUS does not support a probable benefit from ESI treatment in a chronic situation as this case. This request is not medically necessary.

#### **Transforaminal Right L5 Selective Nerve Root Block Qty: 1.00: Upheld**

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

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

**Decision rationale:** MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Moreover MTUS does not support a probable benefit from ESI treatment in a chronic situation such as this case. This request is not medically necessary.