

Case Number:	CM15-0201560		
Date Assigned:	10/16/2015	Date of Injury:	01/01/2006
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 66-year-old female with a date of industrial injury 1-1-2006. The medical records indicated the injured worker (IW) was treated for low back pain and chronic arthritic pain of the knee. In the progress notes (9-18-15), the IW reported her radicular symptoms in the right lower extremity have recently returned, which were significantly improved since her last epidural injection 8-2014. Medications included Norco 10-325mg (since at least 4-2015) twice daily. Her pain was 7 out of 10 before medication and 3 out of 10 afterward. The relief lasted about 2 hours before increasing again to approximately 5 out of 10. Treatment with Norco allowed her to continue to live independently, doing her own lighter household work and driving herself places. Constipation was the only side effect, which was controlled with Colace and Lactulose. The provider noted the last drug screen on 12-23-14 was "consistent" and a CURES report (undated) was also "consistent", but no reports were submitted. According to the 6-9-15 and 4-14-15 notes, Norco was also helpful for her right knee pain. On examination (6-9-15, 9-18-15 notes), there was increased tenderness over the lumbar paraspinals, mostly on the right, with positive straight leg raise on the right. The right knee had ongoing tenderness and crepitus. Treatments included medication (with benefit) and epidural steroid injections, which controlled her radicular pain for nearly one year. The IW was retired. A Request for Authorization was received for Norco 10-325mg, #60 (do not dispense until 10-13-15); repeat right S1 transforaminal epidural steroid injection; and Norco 10-325mg, #60 (do not dispense until 11-10-15). The Utilization Review on 10-2-15 modified the request for Norco 10-325mg, #60 (do not dispense until 10-13-15) and Norco 10-325mg, #60 (do not dispense until 11-10-15); the request for a repeat right S1 transforaminal epidural steroid injection was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat right S1 transforaminal epidural steroid injection: 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). CA MTUS criteria for epidural steroid injections are: Criteria for the use of Epidural steroid injections: Note: 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case the exam notes

cited do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. With regard to the prior ESI, there is no documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Norco 10/325mg (Do not dispense until 10/13/15) Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/8/15. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

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