

<b>Case Number:</b>	CM15-0208521		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/20/2000
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

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 45 year old female, who sustained an industrial injury on 9-20-2000. The injured worker was diagnosed as having bulging lumbar disc, lumbar post-laminectomy syndrome, lumbar sacral radiculitis, myalgia and myositis, unspecified, and spasm of muscle. Treatment to date has included diagnostics, physical therapy, epidural steroid injections (including lumbar epidural steroid injection 11-05-2014, with subsequent pain rating of 10 out of 10 on 12-02-2014), lumbar spinal surgery 2004, modified work, transcutaneous electrical nerve stimulation unit, chiropractic, trigger point injections, mental health treatment, and medications. On 9-09-2015, the injured worker complains of ongoing low back pain, rated 9 out of 10 (severity 8 on 8-11-2015). Symptoms were described as "severe". Symptoms were aggravated by bending, coughing, lifting, sneezing, standing, and twisting. Symptoms were relieved by heat, ice, medications, and rest. She was currently taking Gabapentin, Percocet, and Soma. Allergies included Cymbalta. Failed medications included "morphine based", Methadone, and Fentanyl patch. A physical examination of the lumbar spine was not documented on 9-09-2015. Function with activities of daily living was not described. She was prescribed Embeda 20mg-0.8mg capsule, extended release, to take every 24 hours. The previous progress report (8-11-2015) documented that she had lumbar epidural steroid injections in the past "that was helpful". Urine toxicology (8-11-2015) was inconsistent with prescribed medications. On 9-29-2015 Utilization Review non-certified a request for Embeda 20mg and non-certified a request for transforaminal epidural steroid injection under fluoroscopy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Embeda 20mg (unspecified quantity): Upheld**

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

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

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening; however, no adjustment was made by the provider regarding the aberrant drug behavior. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2000 injury. The Embeda 20mg (unspecified quantity) is not medically necessary and appropriate.

**Transforaminal epidural steroid injection under fluoroscopy: 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 Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated

reduction of medication use for six to eight weeks. Although it has been noted previous epidural was helpful, there is no VAS level or duration of benefit documented and criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Transforaminal epidural steroid injection under fluoroscopy is not medically necessary and appropriate.