

<b>Case Number:</b>	CM15-0024430		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Arizona

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 69-year-old male who reported an injury on 03/10/2010 due to a riot. He presented on 12/31/2014 for a follow-up evaluation and reported persistent upper back pain. It was noted that he had a pinched nerve (C4 level) that continued to be an issue. He also reported low back pain and discomfort. He was requesting an epidural steroid injection and stated that he had significant relief at greater than 50% with his last epidural steroid injection. A physical examination showed that he could flex his back 30/90 degrees. He did not have an antalgic gait and he had no weakness. There was a sensory deficit present and he had an abnormal straight leg raise test. Patellar reflexes were noted to be a 1+ bilaterally. He was diagnosed with lumbar radiculopathy and cervical radiculopathy. The treatment plan was for Norco 10/325 mg #100 and a lumbar epidural steroid injection. The rationale for treatment was to alleviate the injured worker's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The provided documentation failed to show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication. There were also no official urine drug screens or CURES reports provided for review to validate compliance. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Lumbar epidural injection, quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections when there is evidence of radiculopathy on examination that is corroborated with imaging studies and/or electrodiagnostic testing. It is also stated that repeat injections should be based on the injured worker's response to the first injection. There should be documentation of at least 50% decrease in pain with an objective improvement in function and a decrease in medication use for at least 6 to 8 weeks. The provided documentation failed to show that the injured worker had an improvement in function or a reduction in his medication use for at least 6 to 8 weeks to support the request for an additional injection. Also, the level to be injected was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.