

Case Number:	CM15-0025540		
Date Assigned:	02/18/2015	Date of Injury:	01/17/2002
Decision Date:	04/08/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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 51-year-old male, who sustained an industrial injury on January 17, 2002. He has reported severe lower back pain. The diagnoses have included lumbar degenerative disc disease. Treatment to date has included epidural steroid injection, home exercise program, physical therapy in 2009 and 2010, and medications. In July 2014, the injured worker underwent an epidural steroid injection, which provided 60% improvement in pain and increased function for 6 months. The records show he recently was underwent physical therapy. On November 11, 2014, a urine drug screen revealed the presence of marijuana. On January 8, 2015, the treating physician noted chronic lower back pain with bilateral lower extremities symptoms. The pain was constant with a variable intensity. There was low back stiffness. The pain interfered with his sleep. Currently he was using pain, antidepressant, and sleeping medications. The physical exam revealed decreased deep tendon reflexes of the lower extremities, intact sensation, a normal lumbar spine inspection and alignment, no palpable trigger points, positive left seated straight leg raise at 60 degrees, and no extensor longus deficit. On February 10, 2015, the injured worker submitted an application for IMR for review of requests for 1 bilateral lumbar 4-5 transforaminal epidural steroid injection, 1 prescription for Hydrocodone/Acetaminophen 10/325mg #90, 1 prescription for Hydrocodone/Acetaminophen 10/325mg #90 (do not refill until 2/5/15), and 1 prescription for Duloxetine 60mg #30 with 2 refills. The bilateral transforaminal epidural steroid injection was non-certified based on the lack of substantial functional improvement with the last injection. The Hydrocodone/Acetaminophen was modified based on the continued lack of evidence of functional improvements as defined by the guidelines, and recent urine drug screens

showed evidence of illicit drug use (marijuana), weaning of the Hydrocodone/Acetaminophen is warranted. The Hydrocodone/Acetaminophen (do not refill until 2/5/15), was non-certified based on the lack of substantial functional improvement and the presence of illicit drug use on a recent urine drug screen, it was recommended to continue weaning of this opiate. The Duloxetine was modified based on there has been no advantage found by increasing the dose to twice a day, and the evidence of functional improvement. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L4-5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, ESI.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with low back pain rated 5-8/10 that radiates to the bilateral L4-5 distribution. The request is for one BILATERAL L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION. Patient's diagnosis per Request for Authorization form dated 01/09/15 includes chronic low back pain syndrome, cervical degenerative disc disease, lumbar degenerative disc disease, thoracic postlaminectomy syndrome, lumbar postlaminectomy syndrome, and lumbar radiculopathy. Physical examination to the lumbar spine on 01/08/15 revealed positive straight leg raise test on the left. Patient's medications include Hydrocodone, Duloxetine, Ambien, Trazodone, Lisinopril, and Metoprolol tartrate. Patient's work status is not available. The MTUS Guidelines state the following regarding ESI under the chronic pain section on pages 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section on pages 46 and 47, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. No more than two nerve root levels should be injected using transforaminal blocks. Criteria for the use of Epidural steroid injections: 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)" ODG-TWC, Low Back Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Per the treatment report dated 01/08/14, the patient "had an LESI July 2014 and November 2013 and noted 60% improvement in pain, and increased function, the last one provided 6 months relief." In this case, the provider has documented functional

improvement from previous injections, and radicular symptoms supported by physical examination findings supporting radiculopathy. However, no imaging or electro diagnostic studies were provided or discussed. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Furthermore, the patient is status post lumbar laminectomy, date unspecified. ODG does not recommend postoperative lumbar ESI. The request does not meet guideline indications. Therefore, the request is not medically necessary.

1 Prescription of Hydrocodone/Acetaminophen 10/35mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Long term Use of Opiates, and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with low back pain rated 5-8/10 that radiates to the bilateral L4-5 distribution. The request is for one PRESCRIPTION OF HYDROCODONE/ACETAMINOPHEN 10/325 MG #90. Patient's diagnosis per Request for Authorization form dated 01/09/15 includes chronic low back pain syndrome, cervical degenerative disc disease, lumbar degenerative disc disease, thoracic postlaminectomy syndrome, lumbar postlaminectomy syndrome, and lumbar radiculopathy. Physical examination to the lumbar spine on 01/08/15 revealed positive straight leg raise test on the left. Patient's medications include Hydrocodone, Duloxetine, Ambien, Trazodone, Lisinopril, and Metoprolol tartrate. Patient's work status is not available. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Hydrocodone has been included in patients medications, per progress reports dated 02/13/14, 08/13/14, and 01/08/15. Per progress report dated 01/08/14, the provider states "medications continue to help his pain... with consistent use of this medication, pain stays at levels that are tolerable." The provider states in progress report dated 11/30/14 that, "medications continue to decrease patient's pain by >50% and allow patient to maintain current level of function which includes ADLs and HEP. The patient uses these medications appropriately and reports no adverse effects." Per the provider report dated 01/08/15, patient signed pain contract, CURES complete and UDT 11/14 consistent with medications. Patient does not exhibit aberrant behavior. In this case, the provider has addressed analgesia with numerical scales. Aberrant behavior was properly discussed, as well as adverse effects; however, the provider has not provided specific examples of activities of daily living showing significant functional improvement due to Hydrocodone. Only a general discussion was provided. No return to work or change in work status discussed, either. MTUS requires adequate discussion of the 4A's. Given lack of documentation, the request is not medically necessary.

1 Prescription of Hydrocodone/Acetaminophen 10/35mg #90 (do not fill until 02/05/2015):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long term Use of Opiates, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with low back pain rated 5-8/10 that radiates to the bilateral L4-5 distribution. The request is for one PRESCRIPTION OF HYDROCODONE/ACETAMINOPHEN 10/325 MG #90 (DO NOT REFILL UNTIL 02/05/15). Patient's diagnosis per Request for Authorization form dated 01/09/15 includes chronic low back pain syndrome, cervical degenerative disc disease, lumbar degenerative disc disease, thoracic postlaminectomy syndrome, lumbar postlaminectomy syndrome, and lumbar radiculopathy. Physical examination to the lumbar spine on 01/08/15 revealed positive straight leg raise test on the left. Patient's medications include Hydrocodone, Duloxetine, Ambien, Trazodone, Lisinopril, and Metoprolol tartrate. Patient's work status is not available. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Hydrocodone has been included in patients medications, per progress reports dated 02/13/14, 08/13/14, and 01/08/15. Per progress report dated 01/08/14, treater states "medications continue to help his pain... with consistent use of this medication, pain stays at levels that are tolerable." Treater states in progress report dated 11/30/14 that "medications continue to decrease patient's pain by >50% and allow patient to maintain current level of function which includes ADLs and HEP. The patient uses these medications appropriately and reports no adverse effects." Per treater report dated 01/08/15, patient signed pain contract, CURES complete and UDT 11/14 consistent with medications. Patient does not exhibit aberrant behavior. In this case, treater has addressed analgesia with numerical scales. Aberrant behavior was properly discussed, as well as adverse effects. However, treater has not provided specific examples of activities of daily living showing significant functional improvement due to Hydrocodone. Only a general discussion was provided. No return to work or change in work status discussed, either. MTUS requires adequate discussion of the 4A's. Given lack of documentation, the request IS NOT medically necessary.

1 Prescription of Duloxetine 60mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: Based on the 01/08/15 progress report provided by treating physician, the patient presents with low back pain rated 5-8/10 that radiates to the bilateral L4-5 distribution. The request is for one PRESCRIPTION OF DULOXETINE 60MG #30 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 01/09/15 includes chronic low back pain syndrome, cervical degenerative disc disease, lumbar degenerative disc disease, thoracic postlaminectomy syndrome, lumbar postlaminectomy syndrome, and lumbar radiculopathy. Physical examination to the lumbar spine on 01/08/15 revealed positive straight leg raise test on the left. Patient's medications include Hydrocodone, Duloxetine, Ambien, Trazodone, Lisinopril, and Metoprolol tartrate. Patient's work status is not available. For Cymbalta, the MTUS guidelines page 16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." Cymbalta has been included in patient's medications, per progress reports dated 02/13/14, 08/13/14, and 01/08/15. Per treater report dated 01/08/15, Cymbalta is prescribed for pain and pain related mood disorder in stable fashion and notes that this medication seems to help significantly with mood and pain. Treater states "medications continue to help his pain... with consistent use of this medication, pain stays at levels that are tolerable." Given patient's diagnosis and documented benefit, the request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary. Cymbalta has been included in patient's medications, per progress reports dated 02/13/14, 08/13/14, and 01/08/15. Per treater report dated 01/08/15, Cymbalta is prescribed for pain and pain related mood disorder in stable fashion and notes that this medication seems to help significantly with mood and pain. Treater states "medications continue to help his pain... with consistent use of this medication, pain stays at levels that are tolerable." Given patient's diagnosis and documented benefit, the request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.