

Case Number:	CM15-0213381		
Date Assigned:	11/03/2015	Date of Injury:	12/16/2011
Decision Date:	12/21/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/29/2015

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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 63 year old male, who sustained an industrial injury on 12-16-2011. The injured worker was being treated for status post L4-5 (lumbar 4-5) fusion in 2008 or 2009; status post L3-4 (lumbar 3-4) spinal fusion on 3-10-2015; disc desiccation, facet arthropathy, and slight retrolisthesis at L5-S1; and chronic discogenic and bilateral radicular leg pain with secondary myofascial pain. The injured worker (7-20-2015, 9-3-2015, 9-17-2015, and 9-22-2015) reported ongoing right-sided low back pain near his surgical incision. He reported the pain radiated into the bilateral buttocks and legs. The medical records (7-20-2015, 9-3-2015, 9-17-2015, and 9-22-2015) did not include documentation of the subjective pain ratings. The physical exam (7-20-2015, 9-3-2015, and 9-17-2015) revealed well-healed incisional scars in the lumbosacral region, lumbar, and left flank. The treating physician noted tenderness in the lumbar spine incisional area. The physical exam (9-22-2015) revealed a L5-S1 (lumbar 5-sacral 1) sensation deficit, minor L5 weakness, and significantly decreased range of motion and forward flexion of the lumbar spine. Per the treating physician (9-17-2015 report), x-rays of the lumbar spine (9-1-2015) showed stable posterior screws on rods on the right side of L3-4 and stable interbody cage at L3-4 without signs of solid fusion yet. The x-rays showed a fusion at L3-5. The x-rays showed stable posterior screws on rods on the right side of L3-4 and previous hardware at L4-5 with solid fusion at L4-5, and progressive bone growth at L3-4 and stable interbody cage at L3-4. Per the treating physician (9-22-2015 report), a lumbar MRI (undated) showed disc desiccation, facet arthropathy, and slight retrolisthesis at L5-S1, and solid fusions at L3-4 and L4-5. There was no opioid pain contract, risk assessment or any urine drug screen included in the provided

medical records. Treatment has included postoperative physical therapy, a home exercise program, work modifications, an H-wave trial, injections, and medications including pain and muscle relaxant. Per the treating physician (9-17-2015 report), the injured worker has not returned to work as modified work was not available. The treatment plan included the refilling of Norco and a bilateral L5 transforaminal lumbar epidural steroid injection to help decrease the injured worker's low back and radicular complaints. On 10-15-2015, the requested treatment included a bilateral L5 transforaminal lumbar epidural steroid injection under fluoroscopy and Norco 5-325mg. On 10-22-2015, the original utilization review non-certified requests for a bilateral L5 transforaminal lumbar epidural steroid injection under fluoroscopy and Norco 5-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal lumbar epidural steroid injection under fluoroscopy:
Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Epidural Steroid Injections (ESIs).

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement with at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks after prior injections. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs, depressed moods, and problems sleeping. Physical examination documented near the time of the request described decreased sensation following the L5 spinal nerve and unspecified "mild" weakness. The summarized MRI report suggested findings consistent with L5 radiculopathy. In light of this supportive evidence, the current request for transforaminal epidural steroid injection at both sides of the L5 level under fluoroscopic guidance is medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs.

nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the legs, depressed moods, and problems sleeping. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 90 tablets of Norco (hydrocodone with acetaminophen) 5/325mg is not medically necessary.