

<b>Case Number:</b>	CM15-0035784		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 34-year-old male with an industrial injury dated February 10, 2014. The injured worker diagnoses include lumbar degenerative disc disease, worse at L4-5, lumbar radiculopathy with L5 nerve root compression on the left and lumbar sprain/strain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy, chiropractic treatment, and home exercise and periodic follow up visits. According to the progress note dated 1/22/2015, the injured worker reported constant low back pain with numbing, throbbing, and sharp shooting sensation down the posterior buttock, thighs, and calves, left greater than right. Physical exam revealed tenderness and tightness across the lumbosacral area, left greater than right with decrease flexion and extension. The treating physician also noted positive left leg raise and hypoesthesia, dyesthesia of bilateral heels, calves and posterior thighs, left greater than right. The treating physician prescribed bilateral L4-L5 transforaminal epidural steroid injection (ESI), Flexeril 10mg, and Norco 10/325mg now under review. Utilization Review determination on February 9, 2015 denied the request for bilateral L4-L5 transforaminal epidural steroid injection (ESI), Flexeril 10mg, and Norco 10/325mg, citing MTUS, ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 60-61, 76-78, 88-89.

**Decision rationale:** The patient presents with constant low back pain, rated 8/10 with numbing, throbbing, and sharp shooting sensation down the posterior buttock, thighs, and calves, left greater than right. The request is for NORCO 10/325MG. The RFA provided is dated 01/22/15. Patient's diagnosis included lumbar degenerative disc disease, worse at L4-5, and lumbar radiculopathy with L5 nerve root compression on the left and lumbar sprain/strain. The patient is permanent and stationary. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded."The prescription for Norco was first mentioned in the progress report dated 01/22/15. It appears this patient is starting use of Norco with the prescription. Prior reports do not show that Norco was prescribed. In regards to the request for Norco, MTUS require functional assessment. Given the patient's chronic low back pain, a trial of opiate may be supported but 4/8/14 reports states that the patient previously failed oxycodone, hydrocodone, cyclobenzaprine, and baclofen. The treater does not explain why hydrocodone is being tried again. MTUS require some efficacy with initial trial of opiate before continuing or increasing the dose. The request IS NOT medically necessary.

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with constant low back pain, rated 8/10 with numbing, throbbing, and sharp shooting sensation down the posterior buttock, thighs, and calves, left greater than right. The request is for FLEXERIL 10MG. The RFA provided is dated 01/22/15. Patient's diagnosis included lumbar degenerative disc disease, worse at L4-5, and lumbar radiculopathy with L5 nerve root compression on the left and lumbar sprain/strain. The patient is permanent and stationary. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their

popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. "The prescription for Flexeril was first mentioned in the progress report dated 01/22/15. It appears this patient is starting use of it with this prescription. Prior reports do not show that Flexeril was prescribed. The 4/8/14 report states that the patient previously failed Flexeril and it is not known why the treater is prescribing this medication again. MTUS supports only short-term use of this medication to address flare-up's and the treater does not indicate that this is to be used for short-term. The request IS NOT medically necessary.

**Bilateral L4-L5 Transforaminal Epidural Steroid Injection (ESI): Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with constant low back pain, rated 8/10 with numbing, throbbing, and sharp shooting sensation down the posterior buttock, thighs, and calves, left greater than right. The request is for BILATERAL L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI). The RFA provided is dated 01/22/15. Patient's diagnosis included lumbar degenerative disc disease, worse at L4-5, and lumbar radiculopathy with L5 nerve root compression on the left and lumbar sprain/strain. Physical exam revealed tenderness and tightness across the lumbosacral area, left greater than right with decrease flexion and extension. The treating physician also noted positive left leg raise and hypoesthesia, dyesthesia of bilateral heels, calves and posterior thighs, left greater than right. The patient is permanent and stationary. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 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 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. Review of the medical records did not show a prior lumbar ESI. Lumbar MRI on 04/03/14 showed L3-4 disc protrusion with annular tear, L4-5 disc herniation left paracentral displacing the L5 nerve root to the left. The spinal canal was narrowed 7mm. In this case, given the patient's radicular symptoms down the posterior buttock, thighs, and calves, exam findings, and MRI results, a trial of an ESI appear reasonable. The request for lumbar epidural injection appears compliant with the MTUS recommendations. Therefore, the request IS medically necessary.