

<b>Case Number:</b>	CM15-0054060		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/15/1989
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old male who reported injury on 12/15/1989 with a mechanism of injury being a slip and fall. The injured worker was noted to undergo 8 lumbar spine surgeries, a spinal cord stimulator placement and removal, physical therapy, chiropractic treatment, and an epidural steroid injection with a reduction in pain by 80% and an improvement in activities of daily living. The injured worker's medications included Oxycontin, morphine sulfate, and Soma as of at least 2002. The documentation of 02/12/2015 revealed the injured worker's previous injection was at left T10, T12 and the relief was for 10 weeks. The request was made for a right thoracic injection. The pain was located in the bilateral legs, neck, buttocks, thoracic spine, bilateral low back, and bilateral ankles, feet and groin. Without medications the pain was noted to be a 10/10. With medications the pain was a 3/10. Current medications were noted include Oxycontin 80 mg 2 tablets every 8 hours, morphine sulfate 15 mg 1 to 2 tablets every 4-6 hours with a 6 maximum per day, Ambien 10 mg 1 by mouth at bedtime as needed for insomnia, trazodone hydrochloride 1 to 2 tablets as needed for insomnia, carisoprodol 350 mg 1 tablet twice a day, Lyrica 75 mg 1 twice a day, Lexapro 20 mg 1 in the morning, Wellbutrin SR 150 mg 1 tablet 3 times a day and docusate calcium 240 mg 2 capsules twice a day along with Tricor 145 mg 1 daily. The prescriptions that were written included carisoprodol 350 mg 1 tablet by mouth twice a day, Lyrica 75 mg 1 by mouth twice a day, Oxycontin 80 mg 2 tablets every 8 hours no substitution, and morphine sulfate 15 mg 1 to 2 tablets every 4 to 6 hours with a maximum of 6 per day. The physical examination revealed the injured worker had a slow, steady gait without the use of a cane. The injured worker had

decreased range of motion in the torso and had tenderness at the right T8-10 distribution. The diagnosis included degenerative disc disease lumbar spine, status post arthrodesis anterior and posterior lumbar L3 through S1, and back pain lumbar, chronic pain syndrome, lumbar post laminectomy. The treatment plan included a right sided T9, and 10 transforaminal epidural steroid injection to address ongoing thoracic radicular symptoms and physical therapy. The injured worker underwent an MRI of the thoracic and lumbar spine on 11/18/2013 with right sided facet arthropathy at T9-10 that appeared similar to the prior examination of 01/10/2007 and there was no appreciable neural foraminal changes. There was no focal disc protrusion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Epidural Steroid Injection of Right T9-T10 under Sedation and Fluoroscopy: Upheld**

**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 Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Epidural, sedation.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections for documented objective findings of radiculopathy upon physical examination that are corroborated by electrodiagnostic or imaging studies. There should be a documentation of a failure of conservative care including exercise, physical medicine, NSAIDs, and muscle relaxants. Additionally, there should be no repeat epidural steroid injections unless there is documentation of at least 50% pain relief for 6 to 8 weeks with documented functional improvement and a documented objective decrease in pain medications for the same duration of time. The clinical documentation submitted for review failed to provide documentation of objective findings upon physical examination that were radicular. There was a lack of documentation of radicular findings upon MRI. There was a lack of documentation of failure of conservative care. Additionally, the documentation indicated the injured worker had previously undergone an epidural steroid injection at the level of T10. There was a lack of documentation of objective functional improvement and an objective decrease in pain at the requested level for 6 to 8 weeks. These injections should be performed under fluoroscopy. The California Medical Treatment Utilization Schedule Guidelines do not address the use of sedation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that sedation is recommended for patients who have documented issues of extreme anxiety. There was a lack of documentation of exceptional factors and there was a lack of documentation indicating the injured worker had extreme anxiety. Given the above, the request for epidural steroid injection of right t9-t10 under sedation and fluoroscopy is not medically necessary.

#### **Carisoprodol 350mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documentation of exceptional factors to warrant non-adherence to guidelines recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Carisoprodol 350mg #60 is not medically necessary.

**Oxycontin 80mg #126:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The cumulative daily morphine daily equivalent dosing would be 810 mg, which exceeds the guideline recommendations for a maximum of 120 mg. There was a lack of documentation of exceptional factors to warrant non-adherence to guidelines recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request for Oxycontin 80mg #126 is not medically necessary.

**Morphine Sulfate 15mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The cumulative daily morphine

daily equivalent dosing would be 810 mg, which exceeds the guideline recommendation for a maximum of 120 mg. There was a lack of documentation of exceptional factors to warrant non-adherence to guidelines recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Given the above, the request Morphine Sulfate 15mg #180 is not medically necessary.