

Case Number:	CM15-0244157		
Date Assigned:	12/23/2015	Date of Injury:	08/18/2014
Decision Date:	01/28/2016	UR Denial Date:	12/10/2015
Priority:	Standard	Application Received:	12/15/2015

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 40-year-old male who sustained an industrial injury on 8-18-14. A review of the medical records indicates he is undergoing treatment for intervertebral disc disorder with radiculopathy of the lumbosacral region. Medical records (6-1-15, 6-29-15, 8-25-15, 9-22-15, 10-20-15, and 11-24-15) indicate ongoing complaints of low back pain that radiates to the bilateral lower extremities, affecting the right greater than left side. He rates his pain "3-4 out of 10" with medications and "7-8 out of 10" without medications. The physical exam (11-24-15) reveals "mild" lumbar paraspinous spasm. Range of motion is noted to be diminished. The straight leg raise produces "increased" back pain, "but no leg symptoms". Decreased sensation is noted over the right anterior and posterior thigh, as well as over the right central "gastroc". Motor strength is noted to be diminished in the left ankle and right knee. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included physical therapy and medications. His medications include Norco. He has also tried Lyrica and Tramadol, which were noted to be ineffective in pain control. The 9-22-15 record indicates that the injured worker ran out of Norco early, stating "24 days since the last prescription". The provider discussed that "running out early is a natural consequence of taking them too fast, and that we will not refill him early". The Norco dosage has been gradually increased with a noted dosage of 7.5-325mg twice daily as needed on 6-1-15, to 10-325mg twice daily as needed on 6-29-15, to 10-325mg, 1-2 tablets every 4-6 hours as needed on 11-24-15. In addition to increased Norco, treatment recommendations include a prescription for Amitriptyline and a lumbar epidural steroid injection. The utilization review (12-10-15) includes requests for authorization of bilateral L4-5 and L5-S1 transforaminal steroid

injection (1 each) and Norco 10-325mg, 1-2 every 4-6 hours #120. Norco was modified to a quantity of 45. The steroid injection was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 and L5-S1 transforaminal steroid injection (1 each): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections.

Decision rationale: The 40-year-old patient complains of low back pain radiating to bilateral legs, rated at 3/10, as per progress report dated 11/24/15. The request is for Bilateral L4-5 And L5-S1 Transforaminal Steroid Injection (1 Each). There is no RFA for this case, and the patient's date of injury is 08/18/14. Diagnoses, as per progress report dated 11/24/15, included lumbago and sciatica, due to displacement of lumbar intervertebral disc. Medications included Norco, Amitriptyline and over-the-counter pain medications. The patient is on modified duty, as per the same progress report. The MTUS Chronic Pain Guidelines 2009 has the following regarding ESI under Epidural Steroid Injections (ESIs) section, page 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: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections (ESIs), therapeutic state: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, there is no indication that the patient has had an ESI in the past. The patient does suffer from low back pain radiating to bilateral legs. Physical examination of the lumbar spine revealed muscle spasms and reduced range of motion. Straight leg raise led to increased back pain without any leg symptoms. The patient is also experiencing reduced sensation over the right anterior thigh, posterior thigh, and right central gastroc. MRI of the lumbar spine (date not provided), reviewed in the same progress report, revealed L4-5 and L5-S1 disc herniations, bilateral moderate foraminal stenosis, and some thecal sac impingement.

In the same progress report, the treater states that the patient has significant right leg paraesthesias and left leg weakness pattern, and is, therefore, requesting for a trial of lumbar epidural steroid injections. As per progress report dated 12/22/15 (after the UR denial date), the patient's pain pattern is consistent with L5-S1 nerve root impingement. Given the radicular pain and corroborating diagnostic evidence, the request for an ESI appears reasonable and IS medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 40-year-old patient complains of low back pain radiating to bilateral legs, rated at 3/10, as per progress report dated 11/24/15. The request is for NORCO 10/325mg #120. There is no RFA for this case, and the patient's date of injury is 08/18/14. Diagnoses, as per progress report dated 11/24/15, included lumbago and sciatica, due to displacement of lumbar intervertebral disc. Medications included Norco, Amitriptyline and over-the-counter pain medications. The patient is on modified duty, as per the same progress report. MTUS, Criteria For Use Of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria For Use Of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In progress report dated 06/29/15, the treater states that the patient would like to restart Norco, as Tramadol was not helping. It is not clear when the opioids were initiated. As per progress report dated 11/24/15, medications help reduce pain from 7-8/10 to 3/10. In the same report, the treater states that the patient "has been fairly consistent in his reports of eating extra pain medications, and given today's findings, this seems appropriate." The treater also indicates that patient has completed an assessment form that documents the patient's function before and after medications. However, this form has not been provided for review. As per progress report dated 08/25/15, the patient is able to walk, sit and stand comfortably for 20 to 30 minutes with medications, and 15 minutes without medications. The patient is "able to do light meal prep and housework with medication, but not without." The treater, however, does not discuss the results of recent urine toxicology screening and CURES report to address aberrant behavior. Additionally, MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain

relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.