

<b>Case Number:</b>	CM14-0144433		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old male with a date of injury of 02/13/2006. The listed diagnoses per [REDACTED] are: 1. Right piriformis syndrome. 2. Post cervical decompression. 3. Rule out right L5 radiculopathy. According to progress report 08/12/2014, the patient presents with low back and leg pain. The patient continues to report "lightning bolt sensation across his low back, of sides of back." He states the pain goes down his leg through the bottom of his feet. The treater states the patient needs medication therapy. Without the medication, there is marked decrease in function, quality of life, and "so far more than 1 trip to the ER for withdrawals and falls." With the combination of the medications OxyContin, Norco, Lyrica, and Cymbalta, the patient's leg pain is reduced from a 10/10 to a 3/10. Examination revealed tenderness over the right quadratus lumborum and pain and discomfort with range of motion. MRI of the lumbar spine from 06/19/2013 revealed from the "L5 level and above, spinal canal and foraminal caliber is adequately maintained. There was narrowing and desiccation of L5 to S1 disk with a small disk and annular bulge. There is anomalous development at the L5 to S1 level." The treater is requesting a lumbar epidural steroid injection at L5 bilaterally with IV sedation and fluoroscopy, refill of the Cymbalta 60 mg #60, and refill of hydrocodone 10/325 mg #240. Utilization review denied the request on 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Epidural Steroid Injection (LESI) L5 Bilaterally with IV Sedation and Fluoroscopy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections ESI's Page(s): 46-47.

**Decision rationale:** This patient presents with continued low back with pain down his legs into his feet with tingling sensation. The treater is requesting a lumbar steroid injection at L5 bilaterally with IV sedation of fluoroscopy. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 48, "Recommended as an option for treatment of radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." In this case, the patient reports low back and leg pain but the MRI from 6/19/132 does not described significant herniation or protrusion only describing a disc bulge at L5-S1. MTUS states that a diagnosis of radiculopathy requires corroborating imaging study findings, Therefore the request is not medically necessary.

**1 Prescription of Cymbalta 60mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs); Duloxetine (Cymbalta) Page.

**Decision rationale:** This patient presents with continued low back with pain down his legs into his feet with tingling sensation. The treater is requesting a refill of Cymbalta 60 mg #60. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." Review of the medical file indicates the patient receives decrease in pain with current medication regimen which includes Cymbalta. Given the patient's continued neuropathic pain and efficacy of this medication, the request is medically necessary.

**1 Prescription of Hydrocodone/APAP 10/325mg #240: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** This patient presents with continued low back with pain down his legs into his feet with tingling sensation. The treater is requesting a refill of hydrocodone/APAP 10/325

mg #240. 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. Review of the medical file indicates the patient has been prescribed this medication since at least 03/04/2014. The treater continually documents a decrease in pain with taking Hydrocodone. The treater also notes that functional levels and quality of life decreases when this medication is not taken. Furthermore, the patient does not show aberrant behaviors and does not have adverse side effects with current medication regimen. Given the efficacy of this medication, the request is medically necessary.