

<b>Case Number:</b>	CM14-0145081		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 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 56-year-old male who has submitted a claim for lumbago associated with an industrial injury date of August 22, 2000. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of ongoing and worsening back pain with associated urinary incontinence and fecal constipation. Physical examination revealed positive straight leg raise bilaterally, intact sensation at the lateral calf and medial calf and 5/5 strength at the ankle dorsiflexor and extensor muscle groups. Electrodiagnostic studies of the lower extremities reported findings suggestive of a mild peripheral neuropathy which is essentially unchanged from the EMG/NCS performed on 10/11/2010. The needle examination is normal and there is no electrophysiological evidence for lumbosacral radiculopathy. An MRI done in August 2013 showed broad-based disc bulge with facet arthropathy and neural foraminal stenosis at the L4-L5 level. Treatment to date has included surgery, chronic Norco use on a stable dose, chiropractic treatment and lumbar epidural steroid injection on 2/24/14. A progress note on January 10, 2014 noted that the patient had an epidural in November which seemed to help him out quite a bit and another one in September. Utilization review from August 20, 2014 denied the request for Norco 7.5/325 mg four times a day as needed quantity 360.00, Lumbar Epidural Steroid Injection and Fluoroscopic Guidance. The request for Norco was denied because there was no discussion with respect to medication weaning, change in medication, orientation, functionality and/or benefit from the medication. The request for the LESI and fluoroscopic guidance was denied because benefit from the previous LESI was not documented and there was no level to be injected mentioned in the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg four times a day as needed quantity 360.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least January 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 7.5/325 mg four times a day as needed quantity 360.00: is not medically necessary.

**Lumbar Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. In this case, the patient had at least 3 ESIs however, the previous ESIs are not well documented and the objective response of the patient to these injections is unknown. Moreover, the present request does not indicate the level wherein the ESIs are to be performed. Therefore, the request for Lumbar Epidural Steroid Injection is not medically necessary.

**Fluoroscopic Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

**Decision rationale:** The related request for Lumbar Epidural Steroid Injection has been deemed not medically necessary; therefore, all of the associated services, such as this request for fluoroscopic guidance are likewise not medically necessary.