

<b>Case Number:</b>	CM14-0147267		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 55-year-old male with an 8/3/13 date of injury, status post right hip replacement in 2002, status post left hip replacement in 2005, status post revision left total hip arthroplasty 11/18/11, and status post right hip arthroplasty revision 11/19/13. At the time (8/13/14) of request for authorization for LESI L3-L4 (Epidural steroid Injections) and Norco 10/325mg #30, there is documentation of subjective (right hip pain radiating down right leg, low back pain, muscle spasm, numbness and tingling) and objective (slow and uneven gait, less hypersensitivity to touch with allodynia suggestive of neuropathic pain in right hip extending into mid thigh, and hip range of motion has started to improve) findings, imaging findings (Reported Lumbar Spine MRI (2/26/14) revealed significant subarticular recess narrowing bilaterally at L3-L4 and L4-L5 with impingement of transversing L4 and L5 nerve roots; report not available for review), current diagnoses (chronic pain syndrome-unstable, degenerative joint disease hip-chronic unstable, hip joint replacement-chronic unstable, and degenerative disc disease lumbar spine-chronic unstable), and treatment to date (medications (including ongoing treatment with Norco), physical therapy, and prior lumbar epidural steroid injection). An 8/29/14 medical report identifies patient had a prior epidural steroid injection several months ago and reported decreased pain allowing him to participate in more physical therapy. Regarding LESI L3-L4 (Epidural steroid Injections), there is no documentation of at least 50-70% pain relief for six to eight weeks and decreased need for pain medications. Regarding Norco 10/325mg #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and functional benefit or improvement as a

reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

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

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

#### **LESI L3-L4 (Epidural Steroid Injection): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome-unstable, degenerative joint disease hip-chronic unstable, hip joint replacement-chronic unstable, and degenerative disc disease lumbar spine-chronic unstable. In addition, there is documentation of a prior epidural steroid injection. Furthermore, given documentation of decreased pain allowing him to participate in more physical therapy with prior epidural steroid injection, there is documentation of functional response. However, there is no documentation of at least 50-70% pain relief for six to eight weeks and decreased need for pain medications. Therefore, based on guidelines and a review of the evidence, the request for LESI L3-L4 (Epidural steroid Injection) is not medically necessary.

#### **Norco 10/325mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the

lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome-unstable, degenerative joint disease hip-chronic unstable, hip joint replacement-chronic unstable, and degenerative disc disease lumbar spine-chronic unstable. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #30 is not medically necessary.