

<b>Case Number:</b>	CM14-0149705		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and groin pain reportedly associated with an industrial injury of August 3, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier inguinal hernia repair surgery; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 21, 2014, the claims administrator denied an epidural steroid injection, partially certified Norco, and denied a urine drug screen. The applicant's attorney subsequently appealed. In a September 24, 2014 Request for Authorization (RFA) form, the attending provider sought authorization for epidural steroid injection therapy and acupuncture. No clinical progress notes were attached. In a September 5, 2014 progress note, the applicant reported persistent complaints of low back pain, 6/10, radiating into the bilateral lower extremities. The applicant was status post an earlier epidural steroid injection on September 24, 2013, it was stated, which the attending provider reported was successful. The applicant was still using two Norco a day. The applicant exhibited an antalgic gait with decreased sensorium about the left L5-S1 distribution. The applicant had electrodiagnostic testing of February 12, 2012 which is notable for an old L5 radiculopathy, it was stated. Epidural steroid injection therapy and Norco were endorsed. It was acknowledged that the applicant was off of work and "on disability." Aquatic therapy was also sought. On October 14, 2014, the attending provider noted that the applicant presented ongoing complaints of low back pain. The applicant was off of work on "disability," the attending provider acknowledged. The attending provider ordered acupuncture and stated that he was hesitant to refill Norco on the grounds that a urine drug screen was inconsistent, also reviewed was drug testing previously performed on May 15, 2014. This was computer-interpreted as consistent. Testing in question did include testing for 15 different opioid

metabolites. Confirmatory and/or quantitative testing was performed on Hydrocodone, nor Hydrocodone, and Hydromorphone.

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

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

**1 bilateral L4-L5 and L5-S1 transforaminal epidural injection under fluoroscopy:** Upheld

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

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

**Decision rationale:** The request in question does represent a request for repeat epidural block. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work. The applicant is receiving both disability and Workers' Compensation indemnity benefits. The applicant remains reliant on opioid therapy with Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior epidural steroid injection in September 2013. Therefore, the request for a repeat epidural steroid injection is not medically necessary.

**1 prescription of Norco 10/325mg #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as result of the same. In this case, however, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity and disability benefits. The applicant continues to report pain levels as high as 6/10 or greater, it has been suggested, despite ongoing Norco usage. The medical records available for review fail to recount any material improvements in function or quantifiable decrements in pain achieved as result of ongoing Norco usage. Therefore, the request is not medically necessary.

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiciton), Urine drug tes. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, identify when the applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory and quantitative drug testing outside of the Emergency Department Drug Overdose context. In this case, however, the attending provider did in fact perform quantitative and confirmatory testing outside of the Emergency Department Drug Overdose context. No rationale for the same was proffered by the attending provider. The attending provider did not clearly state when the applicant was last tested. The applicant's complete medication list was not completely attached to the RFA form. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.