

<b>Case Number:</b>	CM14-0125260		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	11/01/1997
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 49 year old male who sustained an industrial injury on 11/01/97. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, and bilateral selective nerve root block on 03/25/14 and a right L3-5 selective nerve root blocks on 05/28/13. Diagnostic studies are not addressed. Current complaints include neck pain radiating to the shoulders. Current diagnoses include lumbar post laminectomy syndrome, cervical spondylosis, and chronic pain syndrome. In a progress note dated 07/08/14 the treating provider reports the plan of care as continued hydrocodone and Norco, as well as a right C4-7 selective nerve root block. The requested treatments include a right C4-7 selective nerve root block as well as hydrocodone and Norco. The injured worker has been on Norco and hydrocodone since at least 02/14/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C4-C5, C6-C7 (C7) selective nerve root block/transforaminal epidural injection under fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injection.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right C4 - C5, C6 - C7 (C7) selective nerve root block/transforaminal epidural steroid injection under fluoroscopy are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but is not as easy and not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar post laminectomy syndrome; cervical spondylosis; and chronic pain syndrome. Objectively, according to a July 8, 2014 progress note (request for authorization July 28, 2014), reflexes are reduced in the biceps, triceps and brachial-radialis. There is no objective documentation of radiculopathy on neurologic evaluation. MRI cervical spine dated April 18, 2014 showed anterior column fusion C-5 - C6 due to previous trauma injury/subsequent surgical intervention. At C4 - C5-2 mm right lateral disc protrusion causing right neural foraminal stenosis. Additionally, the injured worker had a prior epidural steroid injection March 25, 2014. The location and level were not documented in the medical record. There is no indication as to whether there was objective functional improvement with the prior epidural steroid injection. Consequently, absent clinical documentation with objective evidence of radiculopathy with a prior epidural steroid injection (location and level unknown), right C4 - C5, C6 - C7 (C7) selective nerve root block/ transforaminal epidural steroid injection under fluoroscopy are not medically necessary.

**Hydrocodone 30mg, qty 75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone 30 mg #75 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose

should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar post laminectomy syndrome; cervical spondylosis; and chronic pain syndrome. Objectively, according to a July 8, 2014 progress note (request for authorization July 28, 2014), reflexes are reduced in the biceps, triceps and brachioradialis. Hydrocodone 30 mg (five tablets per day) was prescribed as far back as April 11, 2013. Hydrocodone 30 mg (five tablets per day) is still prescribed according to a progress note July 8, 2014. There is no documentation in the medical record of objective functional improvement, risk assessments or detailed pain assessments or attempted weaning. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments, detailed pain assessments and attempted weaning, Hydrocodone 30 mg #75 is not medically necessary.

**Norco 10/325mg, qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar post laminectomy syndrome; cervical spondylosis; and chronic pain syndrome. Objectively, according to a July 8, 2014 progress note (request for authorization July 28, 2014), reflexes are reduced in the biceps, triceps and brachioradialis. Norco 10/325 mg (8 tablets per day) was prescribed as far back as April 11, 2013. Norco 10/325mg (8 tablets per day) is still prescribed according to a progress note July 8, 2014. There is no documentation in the medical record of objective functional improvement, risk assessments or detailed pain assessments or attempted weaning. Consequently, absent compelling clinical documentation with objective functional improvement, risk assessments, detailed pain assessments and attempted weaning, Norco 10/325 mg #90 is not medically necessary.