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| <b>Case Number:</b>   | CM14-0216864 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 04/28/2004 |
| <b>Decision Date:</b> | 03/04/2015   | <b>UR Denial Date:</b>       | 12/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/26/2014 |

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained a work related injury on 04/28/2004. According to a [REDACTED] report dated 08/04/2014, the injury occurred when she missed a step coming down a ladder. Progress notes submitted for review included two reports dated 09/08/2014 and 10/31/2014. According to the progress report dated 09/08/2014, the injured worker complained of low back pain radiating into the bilateral lower extremities. Pain was rated a 7 on a scale of 0-10 without medications. Pain was constant and increased by sitting, walking, standing, lying down, lifting and any activity. Pain was decreased by medication. Physical examination revealed a blood pressure of 145/97. The injured worker ambulated independently. Gait was steady. There was tenderness to palpation of the lumbar paraspinal area. The injured worker had a history of anterior and posterior spine surgeries. Operative reports were not submitted for review. Diagnoses included lumbosacral spondylosis, lumbalgia, unspecified thoracic/lumbar neuritis or radiculitis, post laminectomy, opioid type dependent, pain in joint lower leg and pain in joint, ankle and foot. The treatment plan included Norco and Ibuprofen and consider epidural steroid injection. According to the provider, the injured worker was a candidate for a lumbar spinal cord stimulator in the future. A urine drug screen was noted to be consistent. According to a progress report dated 10/31/2014, pain was rated a 7 on a scale of 0-10 without medications. She reported that she did not have any changes in her condition. She requested a muscle relaxer for spasms in her back and chiropractic treatment. Pain was characterized as throbbing and electricity. Pain was intermittent and decreased with medication. Medication regimen included Norco and Ibuprofen. Blood pressure was 105/102. Treatment plan included Norco, Ibuprofen and

Robaxin, chiropractic care and consider caudal epidural steroid injection. According to the provider, the injured worker would be a candidate for a lumbar spinal cord stimulator in the future. No evidence of previous epidural steroid injections was submitted for review. Laboratory evaluations were not submitted for review. On 12/09/2014 Utilization Review non-certified epidural steroid injection and pharmacy purchase of Ibuprofen 600mg #30 with one refill that was requested on 12/01/2014. According to the Utilization Review physician in regards to the epidural steroid injection, current evidence of radiculopathy was not documented per physical exam, imaging or electrodiagnostic studies. Responses to previous epidural steroid injections were unknown. In regards to the pharmacy purchase of Ibuprofen, significant pain relief was not documented with Norco but it appeared that the injured worker's overall function had improved with Norco. MTUS cautions concerning potentially serious side effects associated with the use of nonsteroidal anti-inflammatory medications (NSAIDs). Despite elevated diastolic blood pressure per the physical exam notes, there was not documented attempt to perform a risk assessment concerning ongoing NSAID use and no documented monitoring of laboratory studies to assess renal function. Guidelines referenced for this review included CA MTUS Guidelines Chronic Pain. The decision was appealed for an Independent Medical Review.

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

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

#### **1 Outpatient caudal epidural steroid injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The patient presents with low back pain that radiates into her left lower extremities. The current request is for outpatient caudal Epidural Steroid Injection (ESI). The treating physician notes in the 10/31/14 (40b) report to 'consider caudal epidural steroid injection.' MTUS Guidelines support the usage of ESI for the treatment of radicular pain that must be documented in physical examination and corroborated by diagnostic imaging/testing. Additionally, the radicular pain should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the clinical documentation provided does not provide evidence of radiculopathy upon physical examination or diagnostic imaging/testing. Therefore, the current request is deemed not medically necessary and the recommendation is for denial.

#### **Ibuprofen 600mg number thirty (30) with one (1) refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pg. 22, NSAIDs, hypertension and renal function Pg. 69 Page(s): 22.

**Decision rationale:** The patient presents with low back pain that radiates into her left lower extremities. The current request is for Ibuprofen 600mg number thirty (30) with one (1) refill. The treating physician notes in the 10/31/14 (40b) report that 'today I prescribe Ibuprofen 600 mg 1 po QD pm flare-up pain #30 1 rf.' Additionally it states that, 'the medications are reducing pain and improving function for this patient. With medications she is able to walk, and do housework.' MTUS guidelines state that, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS indicates that NSAIDs are recommend with precautions for patients with hypertension as they can increase blood pressure by an average of 5 to 6 mm in these patients which may cause fluid retention, edema, and rarely, congestive heart failure. Treatment recommendations: Blood pressure should be measured as well as evidence of fluid excess in normotensive patients within 2-4 weeks of beginning treatment and on each visit. In this case, the two treating physician reports provided document the patient's blood pressure at 145/97 on 9/8/14 and then down to 105/102 on 10/31/14. There is no documentation that the prescribed medication is a cause of concern for this patient's blood pressure reading on 9/8/14. There is documentation that the prescribed Ibuprofen is decreasing pain and allowing the patient to function better. The current request meets the criteria as outlined for NSAID usage and there is documentation of pain and function as required by MTUS on page 60. The request is medically necessary and the recommendation is for authorization.