

<b>Case Number:</b>	CM15-0110438		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/16/1988
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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

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:

The injured worker is a 53 year old male, who sustained an industrial/work injury on 6/16/88. He reported initial complaints of low back pain. The injured worker was diagnosed as having post laminectomy syndrome and peripheral neuritis. Treatment to date has included medication, surgery ( L5-S1 laminectomy, left knee reconstruction), acupuncture, chiropractic discogram, epidural steroid injection, heat/ice treatment, physical therapy, sympathetic block, and transcutaneous electrical nerve stimulation (TENS) unit. MRI results were reported on 3/13/14 and 12/30/14 revealing multilevel disc degeneration with disc bulges. Currently, the injured worker complains of decreased aching, sharp, shooting lumbar pain and unchanged 9/10 burning, hot tingling pain in the bottom of his feet and 2/110 aching, shooting left leg pain and rated the pain as 7/10 with Norco and 10/10 without. Per the primary physician's progress report (PR-2) on 5/6/15, examination revealed bilateral tenderness over lumbar facets and paravertebral thoracic spasm, left thoracolumbar spasm and bilateral sacroiliac joint tenderness, right positive straight leg raise at 60 degrees and positive left at 45 degrees, antalgic gait and normal muscle tone. Current plan of care included refill of Norco, nerve root block, and follow up in 1 month. The requested treatments include Prescription of Norco 7.5/325mg, and 1 Nerve root block at L5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Norco 7.5/325mg, #60: 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) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 1 Prescription of Norco 7.5/325mg, #60 is not medically necessary or appropriate.

## **1 Nerve root block at L5-6: 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 Steroid injections, page 46.

**Decision rationale:** The patient underwent recent bilateral S1 TFESI on 12/23/14 without reported functional improvement. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical findings of such, to repeat a LESI 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 six to eight weeks. Submitted reports are unclear with level of pain relief and duration of benefit. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria to repeat the LESI have not been met or established. The 1 Nerve root block at L5-6 is not medically necessary or appropriate.