

<b>Case Number:</b>	CM15-0122170		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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:

This is a 41 year old male with an April 1, 2011 date of injury. A progress note dated May 22, 2015 documents subjective complaints (lower back pain with bilateral leg pain rated at a level of 8/10), objective findings (decreased sensation bilaterally at L4, L5, and S1 dermatomes; positive straight leg raise; tenderness to palpation; decreased range of motion of the lumbar spine), and current diagnoses (lumbar spine radiculopathy). Treatments to date have included electromyogram/nerve conduction velocity studies of the lower extremities that showed mild active denervation in the left L5 innervated muscles that evidenced mild acute L5 radiculopathy on the left, magnetic resonance imaging of the lumbar spine that showed disc disease and facet arthropathy contributing to moderate right and mild left neural foraminal narrowing at L5-S1, with effacement of the exiting L5 nerve roots and additional mild neural foraminal narrowing at L4-L5, and medications. The treating physician documented a plan of care that included lumbar epidural steroid injection, urine drug screen monthly for twelve months, Tramadol, and topical Toradol cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L5 epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46, 47.

**Decision rationale:** The patient was injured on 04/01/11 and presents with low back pain which radiates down the left leg to the calf. The request is for L4-L5 EPIDURAL STEROID INJECTION. The RFA is dated 05/22/15 and the patient is permanent and stationary. The utilization review letter states that the patient had a prior lumbar epidural steroid injection without any relief (date of prior ESI not provided). The 04/08/15 EMG/NCV of the lumbar spine revealed that the patient has mild acute L5 radiculopathy on the left. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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, with a general recommendation of no more than 4 blocks per region per year." The patient has slight left buttock tenderness, a positive straight leg raise on the left in the seated position, diminished sensation in the first web of the left foot and over the anterolateral calf of the left leg, a decreased lumbar spine range of motion, and slight weakness of the left extensor hallucis longus muscle. He is diagnosed with lumbar spine radiculopathy. It appears that the patient had a prior lumbar epidural steroid injection. However, there is no indication of when this injection occurred. MTUS Guidelines require "at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks," for repeat blocks. In this case, there is no numerical value provided regarding how much benefit the patient had from the prior ESI. The utilization review letter states that the patient did not receive any relief from the prior ESI. Furthermore, there are no corroborating imaging studies showing a potential nerve root lesion to consider an ESI. The requested lumbar epidural steroid injection is not medically necessary.

**Urine drug screens monthly for 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Indicators and predictors of possible misuse of controlled substance and/or addiction, Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Drug Testing Page(s): 77, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Urine Drug Testing.

**Decision rationale:** The patient was injured on 04/01/11 and presents with low back pain which radiates down the left leg to the calf. The request is for URINE DRUG SCREENS MONTHLY FOR 12 MONTHS. The RFA is dated 05/22/15 and the patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen following initial screening with the first 6 months for management

of chronic opiate use in low-risk patients. The patient has slight left buttock tenderness, a positive straight leg raise on the left in the seated position, diminished sensation in the first web of the left foot and over the anterolateral calf of the left leg, a decreased lumbar spine range of motion, and slight weakness of the left extensor hallucis longus muscle. He is diagnosed with lumbar spine radiculopathy. There is no indication of why the patient needs UDS monthly for 12 months. As of 05/22/15, the patient is taking Mobic, Gabapentin, and Tramadol. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested monthly urine drug screen is not medically necessary.

**Tramadol twice per day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Tramadol. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain, Weaning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78, 80, 81.

**Decision rationale:** The patient was injured on 04/01/11 and presents with low back pain which radiates down the left leg to the calf. The request is for TRAMADOL TWICE PER DAY #60. The RFA is dated 05/22/15 and the patient is permanent and stationary. The patient has been taking this medication as early as 04/22/15 and treatment reports are provided from 04/06/15 to 05/22/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The patient has slight left buttock tenderness, a positive straight leg raise on the left in the seated position, diminished sensation in the first web of the left foot and over the anterolateral calf of the left leg, a decreased lumbar spine range of motion, and slight weakness of the left extensor hallucis longus muscle. He is diagnosed with lumbar spine radiculopathy. The 04/22/15 report states that "tramadol helps." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Neither there are no before and after medication pain scales given nor are there any examples of ADLs that demonstrate medication efficacy. There are no discussions provided on adverse behavior/side effects and no validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating

physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol is not medically necessary.

**Topical Toradol cream 1 gram 3 times per day #90 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Ketorolac (Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketorolac (Toradol), NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient was injured on 04/01/11 and presents with low back pain which radiates down the left leg to the calf. The request is for TOPICAL TORADOL CREAM 1 GRAM 3 TIMES PER DAY #90 GRAMS. The RFA is dated 05/22/15 and the patient is permanent and stationary. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety? There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient has slight left buttock tenderness, a positive straight leg raise on the left in the seated position, diminished sensation in the first web of the left foot and over the anterolateral calf of the left leg, a decreased lumbar spine range of motion, and slight weakness of the left extensor hallucis longus muscle. He is diagnosed with lumbar spine radiculopathy. In this case, the treater does not document how this topical is exactly used and with what efficacy. Furthermore, the patient presents with lumbar spine pain and MTUS guidelines state that "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Due to lack of support from MTUS guidelines, the requested toradol cream is not medically necessary.