

Case Number:	CM15-0123157		
Date Assigned:	07/07/2015	Date of Injury:	06/09/2005
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 50 year old female patient who sustained an industrial injury on 06/09/2005. The worker was employed at a lumber yard and nursery. On 09/14/2006 she underwent radiographic testing of a magnetic resonance imaging study of lumbar spine without contrast which revealed operative changes at L4-5 with probable post-operative seroma, and mild spinal encroachment at L4-5 due to a minimal annular disc bulge and ligamentum flavum hypertrophy/facet arthropathy. An orthopedic follow up visit dated 09/24/2007 reported subjective complaint of having feelings of weakness in the left leg with associated drop foot and some numbness over the dorsum of the foot. Objective assessment showed significant peroneal nerve injury with weakness in the eversion and dorsiflexion of the ankle. The treating diagnosis is status post lumbosacral spinal fusion with damage to the peroneal nerve. The plan of care noted the patient continuing working on her strengthening exercise. Of note, the patient has weaned off all medications. She had been prescribed Celebrex and ended up with gastric issue and using a grand amount of anti-acid medications with a history of bleeding ulcers. The patient had tried oral medications, activity modification, and chiropractic care. Subsequently on 08/23/2006 she underwent surgical repair fusion at L5-S1. A more recent encounter dated 06/05/2015 reported chief complaint of having low back pain and bilateral leg pain. She is with a history of lumbar facet osteoarthritis, and lumbar degenerative disc disease with radiculopathy. Current medications are: Advil, Naproxen, Omeprazole, Xanax, and Norco 10/325mg. She had tried Gabapentin and experienced dry mouth. Radiographic study done on 09/14/2007 showed the lumbar spine status post L5-S1 decompression with pedicle screws. The patient has had

EMG of the LE that revealed S1 radiculopathy on 10/24/2006. She was diagnosed with having lumbar radiculopathy, osteoarthritis of spinal facet joint and myofascial pain. Conservative treatment measures are recommended utilizing heat, ice, rest, and gentle stretching and exercise. The physician wishes to administer bilateral transforaminal epidural injections. The patient had used TENS unit for this injury. Per the note dated 6/5/15 patient had complaints of low back pain at 7-10/10 and pain was relieved at 70% with medication. The patient has had mild depression and anxiety due to pain. Physical examination of the lumbar spine revealed positive SLR, limited ROM, decreased sensation and reflexes. A recent detailed psychiatric examination was not specified in the records provided. A recent detailed urine drug screen report was not specified in the records provided. The patient had received an unspecified number of the PT, OT and aquatic therapy visits in past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Opioids, criteria for use: page 76-80, CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 10/325mg #120. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." On 09/14/2006 she had a MRI of the lumbar spine which revealed operative changes at L4-5 with probable post-operative seroma, and mild spinal encroachment at L4-5 due to a minimal annular disc bulge and ligamentum flavum hypertrophy/facet arthropathy. An orthopedic follow up visit dated 09/24/2007 showed significant peroneal nerve injury with weakness in the eversion and dorsiflexion of the ankle. The treating diagnosis is status post lumbosacral spinal fusion with damage to the peroneal nerve. She had been prescribed Celebrex and ended up with gastric issue and using a grand amount of anti-acid medications with a history of bleeding ulcers. She had tried Gabapentin and experienced dry mouth. So non-opioid means of pain control are being tried. A note dated 06/05/2015 reported chief complaint of having low back pain and bilateral leg pain. The patient has had EMG of the LE that revealed S1 radiculopathy on 10/24/2006. Physical examination of the lumbar spine revealed positive SLR, limited ROM, decreased sensation and reflexes. So there was objective evidence of radiculopathy in addition to symptoms. Per the note dated 6/5/15 patient had complaints of low back pain at 7-10/10 and pain was relieved by 70% with

medication. There is no evidence of adverse effects or aberrant pain behavior. The medication Norco 10/325mg #120 is medically necessary and appropriate in this patient.

Xanax 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress, Benzodiazepines (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Benzodiazepines page 24.

Decision rationale: Xanax 1mg #30. Alprazolam is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. A trial of other measures for treatment of insomnia, besides benzodiazepines like alprazolam, is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Xanax 1mg #30 is not fully established in this patient.

Bilateral transforaminal epidural steroid injections at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Epidural steroid injections (ESIs), page 46.

Decision rationale: Bilateral transforaminal epidural steroid injections at L4-5 and L5-S1. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Consistent objective evidence of lower extremity radiculopathy was not specified in the records provided. Lack of response to conservative

treatment including exercises, physical methods, medications like antidepressants for chronic pain, was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for Bilateral transforaminal epidural steroid injections at L4-5 and L5-S1 is not fully established for this patient.