

<b>Case Number:</b>	CM15-0126655		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 67 year old male patient who sustained an industrial injury on 12/18/2008. The accident was described as while working on a construction site he was on stairs leading to the basement; without railings. He bent over looking down into the basement while still standing on the stairs and as he stood upright he felt a small pain in the left knee. He began losing his balance and fell approximately 6-8 stairs down hitting several body parts prior to landing on his right side. Approximately 3 weeks after the accident he felt the onset of neck pain which began to slowly increase. Previous treatment modality to include: activity modification, wearing a knee brace and receiving injections. That following year he was referred for orthopedic evaluation and began a course of physical therapy. The patient has not worked since 12/31/2008. A recent primary treating office visit dated 06/03/2015 reported chief complaint of having multiple pain sites. Current medications are: Norco 10/325mg, Gabapentin 600mg, Ambien, and Paxil. The following diagnoses were applied: pain ins soft tissue of limb; degeneration lumbar/lumbosacral intervertebral disc; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified; cervicalgia; cervical spondylosis without myelopathy; brachial neuritis or radiculitis, and degeneration of cervical intervertebral disc. The plan of care noted the patient continuing with home exercises including moist heat, stretches. A re-repeat caudal epidural injection scheduled appointment for administration. The patient remained temporarily disabled and returning for follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least 2013 without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #75 is not medically necessary.

**Caudal lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Caudal lumbar epidural steroid injection is not medically necessary.

