

<b>Case Number:</b>	CM15-0148000		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: 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:

The injured worker is a 47 year old male, who sustained an industrial injury on May 22, 2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post micro-lumbar discectomy at lumbar four to five, left lumbar radiculopathy, and facet arthropathy of the lumbar spine. Treatment and diagnostic studies to date has included use of heat and ice, above noted procedure, home exercise program, medication regimen, epidurals, acupuncture, and physical therapy. In a progress note dated May 21, 2015 the treating physician reports complaints of persistent, aching, stabbing pain to the low back that radiates to the left lower extremity. Examination reveals an antalgic gait, decreased range of motion to the lumbar spine with pain, decreased sensation to the left lumbar five dermatome, and pain with left straight leg raise. The injured worker's current medication regimen included Norco, Naproxen, Zanaflex, Prilosec, Gabapentin, and Lunesta. The injured worker's pain level was rated an 8 to 9 out of 10 without the use of the injured worker's medication regimen and rated the pain a 5 to 6 out of 10 with the use of the injured worker's medication regimen. The treating physician noted prior magnetic resonance imaging of the lumbar spine performed on March 01, 2013 that was revealing for facet arthropathy with lumbar four to five post-operative versus left spondylosis and with moderate to severe left and mild to moderate right neural foraminal narrowing. The treating physician noted that the injured worker's pain decreases by 50% temporarily allowing him to walk further, perform activities of daily living, and increase his activity level at work. The treating physician also noted prior epidurals that did not provide significant relief and caused severe headaches. The treating physician requested a transforaminal epidural injection at

lumbar four and lumbar five with the treating physician noting the diagnostic and therapeutic effects of this procedure. The treating physician also requested the medication of Diclofenac Sodium ER (Voltaren DR) 75mg with a quantity of 60 with no refills to be taken as needed for inflammation and pain.

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

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

#### **Transforaminal epidural injection at L4 & L5: Upheld**

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

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

**Decision rationale:** The patient presents with persistent, aching, stabbing pain to the low back that radiates to the left lower extremity. The current request is for transforaminal epidural injection at L4 & L5. The treating physician states, in a report dated 05/21/15, "He says his back and left leg symptoms continue to be severe at times. I do request a transforaminal epidural injection on the left at L4 and L5 due to the diagnostic and therapeutic properties attributed to the procedure." (48B) The same report documents MRI of the lumbar spine dated 3/1/13 - Facet arthropathy L3-4 with L4-5 postoperative level versus left spondylolysis and with moderate to severe left and mild to moderate right neural foraminal narrowing. The same report also documents a diagnosis of Left lumbar radiculopathy. (724.4) 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). Finally, 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. In this case, the treating physician, based on the records available for review, notes "He has a history of previous epidurals without significant relief. Caused severe headaches and "His pain is 8-9/10 without medications, and decreases to 5- 6/10 with the pain scale and allows him to perform his daily activities including ADL's and allows him to increase his activity level at work in which he restores cars for a living." Given the failure of previous ESIs to alleviate his pain, the current request is not medically necessary.

#### **Diclofenac Sod ER 75mg #60, No refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67. Decision based on Non-MTUS Citation ODG, Pain chapter, Diclofenac Sodium.

**Decision rationale:** The patient presents with persistent, aching, stabbing pain to the low back that radiates to the left lower extremity. The current request is for Diclofenac Sodium ER 75mg #60, no refills. The treating physician states, in a report dated 05/21/15, he was prescribed Voltaren DR 75mg #60 to be taken up to two times a day as needed for pain and inflammation. (48B) The MTUS guidelines state, recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. Additionally, recent guidance in ODG regarding Diclofenac Sodium states, not recommended except as a second-line option, because diclofenac products are not recommended as first-line choices due to potential increased adverse effects. In this case, the treating physician, based on the records available for review, has failed to demonstrate the need or medical necessity of prescribing Diclofenac Sodium versus another NSAID. Given this fact, and the revised guidance found in ODG, the current request is not medically necessary.