

<b>Case Number:</b>	CM15-0026131		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/06/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Pain Management

### 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 21 year old male, who sustained an industrial injury on March 6, 2014. He has reported moving a load of wood, feeling pain in the lower back. The diagnoses have included L4-L5 5mm broad based disc bulge, L5-S1 5mm broad based disc bulge, disc desiccation in both L4-L5 and L5-S1 levels, bilateral lumbar radiculopathy, and bilateral chronic active L5 radiculopathy. Treatment to date has included physical therapy, TENS, and medications. Currently, the injured worker complains of severe back pain and leg pain. The Primary Treating Physician's report dated January 6, 2015, noted the pain medications assisting the injured worker increase his function to do daily activities and activities of daily living. The Physician noted the injured worker had gotten approval for a LESI (lumbar epidural steroid injection) and would schedule as soon as possible. Examination of the lumbar spine revealed a restricted range of motion (ROM) of the lumbar spine, with bilateral positive straight leg raises, positive muscle spasms, and tenderness to palpation over the lumbar paraspinal musculature, bilateral L4-S1 radiculopathy, and bilateral sciatic pain. On January 26, 2015, Utilization Review non-certified a lumbar epidural steroid injection (LESI) L4-S1 bilaterally x2-lumbar spine, Ultracet 37.5/325mg #90, and Prilosec 20mg #60. The UR Physician noted the medical records did not document findings to support the presence of radiculopathy, and there was indication that an epidural steroid injection (ESI) had already been certified, and if so the request for a lumbar epidural steroid injection (LESI) L4-S1 bilaterally x2-lumbar spine may be a duplicate request, therefore, the guidelines did not support the request, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the four A's of opioid management had not been

documented, with the request for Ultracet 37.5/325mg #90 non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted there was no detail regarding the nature of the injured worker's gastric upset, or the efficacy of the medication, with the request for Prilosec 20mg #60 non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. On February 11, 2015, the injured worker submitted an application for IMR for review of a lumbar epidural steroid injection (LESI) L4-S1 bilaterally x2-lumbar spine, Ultracet 37.5/325mg #90, and Prilosec 20mg #60.

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

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

#### **Lumbar epidural steroid injection (LESI) L4-S1 Bilaterally x 2 - Lumbar Spine: 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 Page(s): 46.

**Decision rationale:** Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the current subjective/objective findings do not clearly corroborate radiculopathy. Furthermore, the documentation notes that an ESI was already authorized and pending, so the current request would be redundant. Finally, a series of injections is not supported, as the need for a second injection is dependent on the patient's response to the first injection and the persistence/recurrence of radiculopathy, neither of which can be predicted. In light of the above issues, the currently requested epidural steroid injection is not medically necessary.

#### **Ultracet 37.5/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Regarding the request for Ultracet, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing

opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is pain relief noted, but there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications and Gastrointestinal Symptoms.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec is not medically necessary.