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| <b>Case Number:</b>   | CM15-0027510 |                              |            |
| <b>Date Assigned:</b> | 02/19/2015   | <b>Date of Injury:</b>       | 06/11/2009 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 01/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2015 |

### 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  
 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 37 year old male, who sustained an industrial injury on 6/11/09. He has reported pain in the shoulders, knees and back related to a motor vehicle accident. The diagnoses have included lumbar degenerative disc disease, lumbar arthropathy and left knee arthralgia. Treatment to date has included lumbar MRI, physical therapy x 2 sessions, acupuncture x 3 sessions, cortisone injection in the shoulder, sacroiliac injection on 4/2014 and oral medications. As of the PR2 dated 12/18/14, the injured worker reports 80% improvement after transforaminal epidural injection bilaterally at L5-S1 on 12/12/14 and has been able to reduce pain medications. The treating physician requested a transforaminal epidural injection bilaterally at L5-S1, Norco 10/325mg and Norflex unspecified. On 1/16/15 Utilization Review non-certified a request for a transforaminal epidural injection bilaterally at L5-S1, Norco 10/325mg and Norflex unspecified. The utilization review physician cited the MTUS chronic pain medical treatment guidelines for radiculopathy and the ODG guidelines for chronic pain. On 2/13/15, the injured worker submitted an application for IMR for review of a transforaminal epidural injection bilaterally at L5-S1, Norco 10/325mg and Norflex unspecified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One TFESI bilaterally at L5 and 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 Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. 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, and 8. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, a recent injection of the L5 and S1 levels was performed (approximately 3 weeks prior to this request), which is not long enough to wait before considering a second series in the exact same areas. The reports on pain levels following the first injections were not consistent. The worker reported his pain level at 5-6/10, but at the same time reporting 80% relief. Assuming the pain level is indicative of the response, this would be closer to a 50% improvement since his injection after about 4 weeks. Regardless, there was no report following the 6-8 week period after the first injections to learn of the pain levels and functional outcome in order to help justify a second round of injections at the L5 and S1 levels, and therefore, they will be considered medically unnecessary until the criteria are met for repeat injections.

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that

for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker there was insufficient evidence to suggest this full review was completed. There were insufficient reports of functional gains with the use of Norco on a regular basis. Also, the worker's recent epidural injection reduced his pain significantly, which should have allowed for a reduction in his medication use, but this was not documented. The Norco will be considered medically unnecessary to continue without this evidence of benefit. Weaning may be indicated.

**Unknown prescription of Norflex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norflex; Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although some vague reports of benefit are found in the notes, there was no indication which would make this case an exception to the Guidelines to justify chronic use of a muscle relaxant. Therefore, the Norflex will be considered medically unnecessary.