

<b>Case Number:</b>	CM15-0028521		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 York

Certification(s)/Specialty: Internal 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:

This 53 year old male sustained an industrial injury on 6/2/05. He subsequently reports ongoing lower back pain. Diagnoses include lumbar disc displacement and lumbar radiculopathy. On 2/5/15, Utilization Review non-certified a request for L5-S1 lumbar epidural steroid injection (LESI), Related to LESI: IV sedation, administered by anesthesiologist, Soma 350 mg, 73 count, Oxycontin 40 mg, 100 count, Tramadol 50 mg, 108 count, Percocet 10/325 mg, 150 count, Prilosec delayed release 20 mg, thirty count, Chloroxazone 500 mg, ninety count and Urine drug test, four to six times annually. The request for L5-S1 lumbar epidural steroid injection (LESI), Related to LESI: IV sedation, administered by anesthesiologist, Soma 350 mg, 73 count, Oxycontin 40 mg, 100 count, Tramadol 50 mg, 108 count, Percocet 10/325 mg, 150 count, Prilosec delayed release 20 mg, thirty count, Chloroxazone 500 mg, ninety count and Urine drug test, four to six times annually was denied based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 lumbar epidural steroid injection (LESI): Upheld**

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

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

**Decision rationale:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. Documentation reveals that the injured worker complains of chronic neuropathic low back pain, and there is lack of evidence of demonstrable significant functional improvement from previous Epidural steroid injection. The request for L5-S1 lumbar epidural steroid injection (LESI) is not medically necessary by MTUS.

**Related to LESI: IV sedation, administered by anesthesiologist:** Upheld

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

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

**Decision rationale:** MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, 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. Documentation reveals that the injured worker complains of chronic neuropathic low back pain, and there is lack of evidence of demonstrable significant functional improvement from previous Epidural steroid injection. With medical necessity of the L5-S1 lumbar epidural steroid injection (LESI) not established, the request for Related to LESI: IV sedation, administered by anesthesiologist is not medically necessary by MTUS.

**Soma 350 mg, 73 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

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

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker complains of chronic low back pain with no significant improvement in pain or function. Documentation fails to show acute exacerbation or objective findings on examination to establish the medical necessity of continued use of muscle relaxant. The request for Soma 350 mg, 73 count is not medically necessary.

**Oxycontin 40 mg, 100 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complaints of chronic low back pain and documentation fails to demonstrate adequate improvement in level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Oxycontin 40mg, 100 count is not medically necessary.

**Tramadol 50 mg, 108 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77, 113.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. Per MTUS guidelines, there are no long-term studies to allow use of Tramadol for longer than three months. Documentation fails to

demonstrate significant improvement in pain or function, to justify the ongoing use of Tramadol. With MTUS guidelines not being met, the request for Tramadol 150mg, 108 count is not medically necessary.

**Percocet 10/325 mg, 150 count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complaints of chronic low back pain and documentation fails to demonstrate adequate improvement in level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Percocet 10/325 mg, 150 count is not medically necessary.

**Prilosec delayed release 20 mg, thirty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat Gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is being treated with NSAIDs or at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Prilosec. The request for Prilosec delayed release 20 mg, thirty count is not medically necessary.

**Chloroxazone 500 mg, ninety count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Chlorzoxazone (Parafon Forte, Paraflex, Relax DS, Remular S) works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. The injured worker complains of chronic low back pain with no significant improvement in pain or function. Documentation fails to show acute exacerbation or objective findings on examination to establish the medical necessity of continued use of muscle relaxant. The request for Chlorzoxazone 500 mg, ninety count is not medically necessary.

**Urine drug test, four to six times annually:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

**Decision rationale:** MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Documentation does not support that the injured worker is at high risk of addiction or aberrant behavior to justify more frequent urine drug testing. The request for Urine drug test, four to six times annually is not medically necessary by guidelines.