

<b>Case Number:</b>	CM15-0064158		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Arizona, California

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 61 year old male, who sustained an industrial/work injury on 12/6/03. He reported initial complaints of back, neck, and shoulder pain. The injured worker was diagnosed as having lumbar spondylosis, radiculopathy, sacroiliitis, sciatica, and bursitis of hip. Treatment to date has included medication, diagnostics, and home exercises. MRI results were reported on 4/8/08, and 9/2/09, 9/16/10. Electrodiagnostic testing was reported on 2/5/10. Currently, the injured worker complains of pain in the back, both legs, and right foot. Per the primary physician's progress report (PR-2) on 3/2/15 revealed decreased thoracic and lumbar range of motion, tenderness to palpation over the spinous processes and facet joints, facet loading was present bilaterally, and muscle spasm in bilateral lumbar paraspinal muscles. The requested treatments include Percocet and 1 bilateral transforaminal lumbar epidural steroid injection at L3-4, L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months with slow creeping higher in pain levels. There was no significant improvement noted in function. There was no mention of Tylenol or weaning failure. Continued use of Percocet is not medically necessary.

**1 bilateral transforaminal lumbar epidural steroid injection at L3-4, L4-5 and L5-S1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the claimant had an MRI of the lumbar spine in 1/2015 which showed bulging and stenosis at L3-L5. Facet loading signs were positive. However, the guidelines do not recommend more than 2 levels of injection. The request for the 3 levels above without determining therapeutic response is not medically necessary.