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| <b>Case Number:</b>   | CM15-0078243 |                              |            |
| <b>Date Assigned:</b> | 04/29/2015   | <b>Date of Injury:</b>       | 05/23/2006 |
| <b>Decision Date:</b> | 06/01/2015   | <b>UR Denial Date:</b>       | 04/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/23/2015 |

### 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

### 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 66 year old male, who sustained an industrial injury on 5/23/2006. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic low back pain and sciatica. Treatments to date include activity modification, medication therapy, physical therapy, and acupuncture treatments. Currently, he complained of intractable back pain and sciatica pain. On 3/24/15, the physical examination documented decreased lumbar range of motion and positive straight leg raise test. The plan of care included continuation of physical therapy, Soma, and gabapentin and the addition of Percocet 5mg as ordered for intractable back pain, and request for epidural steroid injection to L4, L5, and S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral epidural injection at L4, L5 and S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with intractable low back pain with radiation into the bilateral lower extremities and sciatica pain. The request is for BILATERAL EPIDURAL INJECTION AT L4, L5, AND S1. the provided RFA is dated 04/09/15 and the date of injury is 05/23/06. The diagnoses include chronic low back pain and sciatica. Per 03/24/15 report, physical examination of the lumbar spine revealed "very mild loss of lumbar lordosis. Mild deficit in strength in musculature secondary to guarding with distal strength normal. There is decreased range of motion with flexion and extension. Positive straight leg raise with a normal gait." There are no image studies provided for review. Treatments to date include activity modification, medication therapy, physical therapy, and acupuncture treatments. Medications include Soma, Gabapentin, and Percocet. The patient's work status is unavailable for review. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." 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. The request for bilateral epidural injections does not appear reasonable. Treater has not provided a reason for the request. Per 03/24/15 report, treater states, "He has undergone epidural injections in the past with some success." Although this patient presents with radicular symptoms and has a diagnosis of sciatica, MTUS requires corroboration of findings with imaging studies that supports a diagnosis of radiculopathy. Furthermore, for repeat injections, MTUS guidelines requires "at least 50% pain relief". Finally, the request is for 3 level injections and MTUS does not allow more than two levels. The request is not within MTUS guidelines and therefore, IS NOT medically necessary.

**Percocet 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, Percocet.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with intractable low back pain with radiation into the bilateral lower extremities and sciatica pain. The request is for PERCOCET 5/325MG #60. the provided RFA is dated 04/09/15 and the date of injury is 05/23/06. The diagnoses include chronic low back pain and sciatica. Per 03/24/15 report, physical examination of the lumbar spine revealed "very mild loss of lumbar lordosis. Mild deficit in strength in musculature secondary to guarding with distal strength normal. There is decreased range of motion with flexion and extension. Positive straight leg raise with a normal gait." There are no image studies provided for review. Treatments to date include activity modification, medication therapy,

physical therapy, and acupuncture treatments. Medications include Soma, Gabapentin, and Percocet. The patient's work status is unavailable for review. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. Per 03/24/15 progress report, treater states, "He was provided with a short-term prescription for Percocet 5mg." In this case, recommendation for initiating a new opioid cannot be supported as there is no functional assessment to necessitate a start of a new opioid. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." The use of opiates require detailed documentation regarding pain and function, per MTUS. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.