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| <b>Case Number:</b>   | CM15-0094895 |                              |            |
| <b>Date Assigned:</b> | 05/21/2015   | <b>Date of Injury:</b>       | 01/31/1969 |
| <b>Decision Date:</b> | 07/08/2015   | <b>UR Denial Date:</b>       | 05/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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: Florida

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 71 year old, male who sustained a work related injury on 1/31/69. He was hit by a drunk driver going 65 mile per hour while he was stopped and he fell down a flight of stairs. He had multiple trauma injuries. He had multiple broken bones and a spinal injury. He was told he would never walk again and is now ambulating with a walker or two canes. The diagnoses have included neck pain, lumbosacral radiculitis, cervical spondylosis with myelopathy, low back pain, cervical postlaminectomy syndrome, chronic pain, lumbar postlaminectomy syndrome, lumbar spondylosis with myelopathy and depressive disorder. Treatments have included numerous spine surgeries, spinal cord stimulator with benefit, lumbar/caudal epidural steroid injections, oral medications, and Lidoderm patches. In the Office Visit note dated 4/29/15, the injured worker complains of low back pain and radicular symptoms. He complains of moderate, daily pain in posterior neck, right knee and right hip. He has radiating pain to arms, calves and thighs. He describes the pain as burning, dull, piercing, sharp, shooting, stabbing, throbbing, deep and numbness. He rates pain level a 3/10 with medications and a 9/10 without medications. He has mild lumbar spasm. He has tenderness over lumbar paraspinal muscles. Straight leg raises are positive in both legs. The treatment plan includes a request for a caudal epidural steroid injection and prescription refills for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Caudal epidural steroid injection with catheter Qty 1: 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 of 127.

**Decision rationale:** 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. Regarding this patient's case, MTUS guidelines are not satisfied. This patient has received prior ESI injections. However, no documentation is provided regarding the percentage of pain relief achieved, and for what duration of time status post the injection. Likewise, this request for a repeat ESI cannot be considered medically necessary.

**Oxycontin ER (extended release) 30 mg Qty 90 (every 8 hrs): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more

than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. This patient's total morphine equivalents per day far exceeds the recommended 120mg per day. Likewise, this patient's chronic narcotic pain medications have been recommended for weaning and discontinuation on multiple occasions. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

**Norco 10/325 mg Qty 120 (1-2 tabs every 6-8 hrs): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. This patient's total morphine equivalents per day far exceeds the recommended 120mg per day. Likewise, this patient's chronic narcotic pain medications have been recommended for weaning and discontinuation on multiple occasions. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

**Kadian 60 mg Qty 120 (1-2 tabs 2 times daily): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. MTUS guidelines also recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. This patient's total morphine equivalents per day far exceeds the recommended 120mg per day. Likewise, this patient's chronic narcotic pain medications

have been recommended for weaning and discontinuation on multiple occasions. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

**Valium 10 mg Qty 120 (1/2-1 tab at bedtime as needed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

**Decision rationale:** In accordance with the California MTUS guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." The guidelines go on to state that, "chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Likewise, this request for Valium is not medically necessary.