

<b>Case Number:</b>	CM14-0149759		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/23/2002
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old male who sustained an injury on 9/23/02. As per 8/20/14 report, the patient complained of lower back and lower extremity pain and had extreme pain with sitting longer than 15 minutes. His pain continued to radiate down his right leg in L5 distribution. Exam revealed limited ROM of lumbar spine in flexion, extension, lateral rotation and laterals bending with increase in pain in all planes; diminished motor strength in right lower extremity 3/5; diminished sensory along L4-5 dermatomes in right lower extremities and positive SLR on the right side for radicular signs and symptoms until 60 degrees. Lumbar spine MRI on 2/25/14 revealed L4-5 disc ridging and spondylolisthesis with osteophyte complex and facet arthropathy with right NF narrowing and L3-4 disc face bilateral NF narrowing. He is status post TESI at L4-5 S1 on 2/8/12 with 100% pain relief that lasted for two weeks, on 8/15/12 with 80% relief in low back and complete resolution of right leg pain, and again on 4/10/13 at L4-5 S1 x1 with great pain improvement and after that he has had a series of denials for the injection and pain medications as well. His medication regimen consists of Lidoderm 5%, film patch, Norco and compounded hydrocodone, Butrans patch and gabapentin. He had lumbar fusion at L4-5 on 4/29/03. The ESI injection on 4/10/13 provided him almost complete pain relief and his pain was zero and he did not require any medication for pain control. Hydrocodone is being prescribed since at least 2012 and a weaning dose was introduced on 2/15/13 and subsequent requests were denied. Diagnoses include post-laminectomy syndrome, lumbar, lumbar disc radiculitis and low back pain. The request for 1 prescription of Hydrocodone #60 and two right L4-L5 transforaminal epidural steroid injections, 3 levels under fluoroscopic guidance was denied on 08/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Hydrocodone #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 91.

**Decision rationale:** Per guidelines, Hydrocodone is indicated for moderate to severe pain. It is available in combination with Acetaminophen or ASA, and is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The IW has been on Hydrocodone for a long time and weaning was previously recommended. Therefore, Hydrocodone #60 is not medically necessary.

**Two right L4-L5 transforaminal epidural steroid injections, 3 levels under fluroscopic guidance:** 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 Epidural steroid injections Page(s): 46.

**Decision rationale:** As per MTUS guidelines, 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. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no documentation of long term pain relief with ESI in the past. There is no imaging evidence of nerve root compression corroborating with the clinical findings. There is no documentation of trial and failure of conservative management such as physiotherapy for a

reasonable period of time or home exercise program. Therefore, two right L4-L5 transforaminal epidural steroid injections, 3 levels under fluoroscopic guidance is not medically necessary.