

Case Number:	CM13-0002727		
Date Assigned:	11/08/2013	Date of Injury:	10/02/2007
Decision Date:	07/02/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	07/23/2013

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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 2, 2007. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; an earlier epidural steroid injection in April 9, 2013; and opioid therapy. In a Utilization Review Report of July 18, 2013, the claims administrator denied a request for an epidural steroid injection, partially approved a request for Norco, denied a request for Prilosec, denied a request for Tramadol, and denied a request for Celebrex. Norco was partially approved for weaning purposes. The patient's attorney subsequently appealed. A January 21, 2014 progress note was notable for comments that the patient reported persistent low back pain radiating to left leg. It was again stated that the patient had reportedly improved, subjectively, with prior epidural steroid injection therapy. It was stated that the patient formerly worked for [REDACTED] for six years as a telemarketer and messenger. Norco, Tramadol, Prilosec, Celebrex, and Motrin were sought. The patient was asked to pursue repeat epidural steroid injection therapy under IV sedation as she becomes nervous when receiving injections, it was stated. The patient's work status was not stated. In an earlier note of May 16, 2012, it was stated that the patient had received an epidural steroid injection on that date. On August 15, 2012, the attending provider described the patient as "disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR TRANSFOAMINAL EPIDURAL INJECTION AT LEVEL L4-L5 AND L5-S1 WITH PEIDUROGRAPHY AND ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of functional improvement with earlier blocks. In this case, however, the patient is off of work and has been apparently deemed disabled despite earlier blocks. Significant pain complaints persist. The patient remains reliant on multiple different analgesic and adjuvant medications. All of the above, taken together, implies that the multiple prior epidural blocks over the life of the patient have been unsuccessful. Therefore, the request for further blocks is not approved.

NORCO 325/7.5MG #90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: Norco is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The patient is off of work and has apparently been deemed permanently disabled. The patient reports heightened complaints from visit to visit as opposed to diminished complaints on visit to visit. There is no evidence of improved performance of activities of daily living achieved or affected as a result of ongoing Norco usage. Therefore, the request for a renewal of Norco is not approved.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risks Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole in the treatment of NSAID-

induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request for omeprazole (Prilosec) is not approved, on Independent Medical Review.

TRAMADOL 50MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, however, these criteria have not been met. On the January 21, 2014 progress note, the applicant was described as having difficulty performing even basic activities of daily living, including cleaning, showering, cooking, and dressing. The applicant is having pain with walking. The applicant was off of work and has apparently been deemed disabled. The criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have not seemingly been met here. Therefore, the request is not approved.

CELEBREX 200MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of COX-2 inhibitors such as Celebrex in patients who have some issues with dyspepsia and/or intolerance to nonselective NSAIDs, the MTUS goes on to note that COX-2 inhibitors are not indicated for the majority of patients. In this case, there is no clear mention or description of GI complications or history of GI side effects which would make the case for provision of Celebrex. Therefore, the request is not likewise approved, on Independent Medical Review.