

Case Number:	CM13-0004597		
Date Assigned:	02/03/2014	Date of Injury:	04/11/1997
Decision Date:	08/13/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	07/30/2013

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 Physical Medicine & 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 injured worker is a 68-year-old male who reported an injury on 04/11/1997 of an unknown mechanism. He complained of persistent, moderate to severe low back pain. He stated the pain radiated to down both legs to the left and right ankles. On 11/15/2013, the injured worker had a physical examination status post a caudal epidural steroid injection. He reported an overall 30% reduction in pain. He rated his pain a 9/10 without medications and a 7/10 with medications. Abnormal findings were back pain; joint pain and swelling; neck pain; positive straight leg raises on both sides; tenderness over the spinous, paraspinous, lumbar, posterior superior iliac spine, and sacroiliac joint; spasms to the lumbar area that were moderate; moderate restrictions in flexibility, extension, and lateral bending of the lumbar spine. Objective findings on 02/14/2014 were lumbar/cervical range of motion limited with flexion, extension and side bending. There was tenderness on palpation to the cervical paraspinals and to his lumbar paraspinals. His gait was antalgic with a short stride and the injured worker did not appear drowsy or groggy. There were no diagnostics submitted for review. His diagnoses were chronic intractable low back pain secondary to lumbosacral degenerative disc disease with spondylolisthesis status post lumbar fusion at L5-S1, fractures anterior interbody screw L5-S1 with instability, chronic intractable neck pain secondary to cervical degenerative disc disease status post cervical fusion at C5-6 and C6-7, right knee pain secondary to osteoarthritis, and right shoulder pain status post shoulder decompression surgery. He had past treatments of acupuncture, chiropractic sessions with ultrasound, oral medications, home exercise program, physical therapy, caudal epidural steroid injection (ESI). His medications included Norco 10/325 mg tablet and Zolpidem 10 mg. The treatment plan was to continue the previously requested consultations, lumbar spine ESI, and refill of Norco. The request for authorization form was signed for the ESI; however, the date is

illegible as part of the date is missing. There was no rationale for the request for lumbar spine epidural injection and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page(s) 46 Page(s): 46.

Decision rationale: The injured worker complained of pain to the lower back and it radiated down to both ankles. He had past treatments of acupuncture, chiropractic sessions with ultrasound, oral medications, home exercise program, physical therapy, caudal ESI. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment, such as exercises, physical methods, NSAIDs, and muscle relaxants. It also states that 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Clinical documentation indicating a physical examination finding of radiculopathy with corroborated evidence of imaging was not provided. Also, there was no documentation of the reduction of pain medication use after the caudal ESI. Given the above, the request for lumbar spine ESI is not medically necessary.

NORCO 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Criteria for Use Page(s): 91, 78.

Decision rationale: The California MTUS guidelines state that Norco, Hydrocodone/Acetaminophen, is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that 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. The injured worker did state the inability to function with the medication but there was no significant reduction in pain; he said he struggled with the pain but was able to do more light chores and get out of the house when he took the medication. There was monitoring with urine drug screen, no mentioned side

effects, there was documented depression symptoms but there was no indication that the injured worker had tried any antidepressants or muscle relaxants for the pain. In addition, the request did not have complete directions for use to include quantity and frequency. Given the above, the request for Norco 10/325 mg is not medically necessary.