MAXIMUS Federal Services

Case Number:	CM13-0008533		
Date Assigned:	09/10/2013	Date of Injury:	07/06/2011
Decision Date:	01/13/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 30-year-old who reported an injury on 07/26/2011. The mechanism of injury was not provided in the medical records. Subjective complaint of the patient is of low back pain radiating to the bilateral calves and increased radicular low back pain, right greater than left. Recent examination of the patient noted decreased range of motion of the lumbar spine in all planes with a positive right-sided seated straight leg raise and equivocal findings on the left. Facet loading test was negative and negative [redacted] was noted bilaterally, as well as negative clonus bilaterally. Motor strength was graded as 5/5 with intact sensation from L2-S1 with the exception of decrease in the L5 distribution on the right. The patient is clinically assessed with lumbar radiculopathy secondary to a disc herniation, with significant history of laminotomy at L4 and a right discectomy at L4-5 completed on 02/21/2013. Treatment plan currently is for the patient to undergo a lumbar epidural steroid injection at the right L5-S1 level with fluoroscopy, as well as a request for 60 tablets of Norco 10/235 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection, right L5-S1, with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, indicate the recommendation for epidural steroid injections as a treatment for radicular pain after identification of radiculopathy on physical examination and corroboration with imaging and/or electrodiagnostic testing. Also, the patient should be initially unresponsive to conservative treatment, which includes exercises, physical methods, NSAIDs (non-steroidal anti-inflammatory drugs), and muscle relaxants. The documentation submitted for review indicates that the patient reports completing a home exercise program and aerobic walking activities, with the patient indicating a flare-up of pain on 08/05/2013, at which time the patient stretched his legs in bed and felt a pop in his low back with increased radicular low back pain, right greater than left. Medications listed for the patient include Tylenol, Relafen 750 mg, Flexeril 10 mg, and Norco 10/325 mg. Physical examination of the patient noted decreased range of motion in all ranges of the lumbar spine with a positive right-sided seated straight leg raise; however, the degree of positivity is not known and equivocal findings on the left. Facet loading was negative and the patient had negative findings for Hoffmann's or ankle clonus bilaterally. 5/5 motor strength was noted in the lower extremities with decreased right-sided sensation in the L5 distribution and 2/4 bilateral knee and ankle reflexes. The clinical notes indicate that imaging studies completed of the patient included an MRI of the lumbar spine on 07/25/2013, noting at the requested level for injection there was moderate combined congenital and degenerative right and left neural foraminal stenosis at L4-5 and L5-S1, which was unchanged from a previous study from 2012. There was a small posterior central disc extrusion at L5-S1 that did not displace the underlying thecal sac or nerves, which was unchanged from 2012. Additionally, the patient is noted to have undergone electrodiagnostic studies on 07/10/2013, which indicated a chronic right L5 radiculopathy with no electrodiagnostic evidence of plexopathy and no electrodiagnostic evidence of distal mononeuropathy involving the peroneal nerve, nor the tibial nerve. While the documentation submitted for review indicates that the patient experienced a flare-up of symptoms following an incident on 08/05/2013 when the patient felt a pop in the low back and had increased radicular pain, there is a lack of documentation indicating that the patient has significant findings of progressive neurological deficits. Furthermore, there is a lack of documentation indicating that the patient has undergone recent conservative care for his most recent exacerbation prior to the request for injection. The request for one lumbar epidural steroid injection, right L5-S1, with fluoroscopy, is not medically necessary or appropriate.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Opioids and Opioids- Specific Page(s): 78,91.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Norco is indicated for moderate to moderately severe pain. Furthermore, the guidelines indicate the recommendation of the "4 A's" for monitoring of patients on opioid analgesics, which is inclusive of consideration for analgesia, adverse side effects, activities of daily living, and for aberrant drug-related behaviors. The documentation submitted for review indicates most recently on 08/09/2013 that the patient was recommended to receive 60 tablets of Norco 10/325

mg as needed for severe pain. The documentation submitted for review is insufficient to detail the length of time for which the patient has been prescribed the medication, and there is a lack of documentation indicating significant improvement in the patient's pain scales as a result of taking Norco or to detail an increase in the patient's abilities to undertake activities of daily living as a result of using Norco. The request for Norco 10/325mg is not medically necessary or appropriate.