MAXIMUS Federal Services

Case Number:	CM13-0013830		
Date Assigned:	10/01/2013	Date of Injury:	11/26/2002
Decision Date:	01/15/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/20/2013

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 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 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:

The applicant is a represented [redacted] employee, who has filed a claim for chronic low back pain, reportedly associated with industrial injury of November 26, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; anxiolytic medications; attorney representation; long and short acting opioids; transfer of care to and from various providers in various specialties; psychotropic medications; and the apparent imposition of permanent work restrictions. The applicant does not appear to have returned to work, it is noted. In an earlier lumbar MRI of January 7, 2003 is notable for moderate to severe facet changes at L4-L5 generating associated caudal foraminal narrowing and lateral recess stenosis. In a Utilization Review Report of July 9, 2013, the claims administrator denied a request for an epidural steroid injection, partially certified a request for Percocet, certified a request for Duragesic, and denied a request for Valium. In a clinical progress note of August 2, 2013, the applicant presents with 7/10 low back pain with left-sided sciatica. The applicant is presently on Duragesic, Valium, Percocet, Lunesta, Paxil, Cymbalta, and Motrin. She reports that her current pain levels interfere moderately with daily activities and overall function. She is in slight to moderate discomfort on exam. Diffuse lumbar tenderness is noted with a positive straight leg raising appreciated. The applicant is ambulating without the aid of a cane. The applicant is asked to pursue an epidural steroid injection while continuing fentanyl, Percocet, Valium, Paxil, and Cymbalta. Random drug screen is also endorsed. The applicant seemingly remains off of work and is described as a former restaurant worker/restaurant manager. A later note of September 3, 2013 is notable for comments that the applicant still has 7 to 8/10 low back pain. She is having positive left-sided straight leg raising and reports continued left lower extre

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left L4-S1 transforaminal epidural steroid injection under fluoroscopic guidance: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that repeat epidural steroid injections should be predicated on clear evidence of functional improvement. In this case, the applicant has had at least one prior steroid injection in 2012. There is, however, no evidence of functional improvement effected through the prior epidural which would justify a repeat injection at this point in time. The applicant has failed to return to any form of work. She continues to be highly reliant on various medications and medical treatment, further implying a lack of functional improvement. While the applicant may very well have a radiographically confirmed radiculopathy, she has failed to show any functional improvement with prior epidural steroid injection therapy. The request for one (1) left L4-S1 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary and appropriate.

One (1) prescription of Percocet 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for pain Page(s): 80.

Decision rationale: The Chronic Pain Guidelines indicate that the cardinal criteria for the continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected as a result of opioid usage. In this case, it does not appear that the applicant meets any of the aforementioned criteria. She has failed to return to work. The recent progress notes referenced above continue to reference difficulty performing activities of daily living and heightened pain. All of the above, taken together, suggest that Percocet has been ineffective to date. The request for one (1) prescription of Percocet 10/325 mg #180 is not medically necessary and appropriate.

One (1) prescription of Valium 5 mg #60 between 6/5/2013 and 9/6/2013: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that chronic or long-term usage of benzodiazepines is not recommended, either for muscle relaxant effect, anticonvulsant effect, anxiolytic effect, sedative effect, or hypnotic effect. In this case, it is further noted that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of Percocet. The fact that the applicant remains off of work and remains highly reliant on various medical treatments, medications, injections, and psychotropic medications, taken together, suggests a lack of functional improvement. The request for one (1) prescription of Valium 5 mg #60 between 6/5/2013 and 9/6/2013 is not medically necessary and appropriate.