

Case Number:	CM13-0020019		
Date Assigned:	10/11/2013	Date of Injury:	07/06/1998
Decision Date:	01/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/04/2013

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 Anesthesiologist, has a subspecialty in Pain 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. 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 56-year-old male who reported injury on 07/06/1998. The mechanism of injury was not provided. The patient was noted to have a tingling or pins and needles sensation and weakness. It was stated the patient's pain is much more severe and the need for pain meds was increased. The patient's medication was noted to include Lortab. The patient's diagnoses were noted to include postlaminectomy syndrome lumbar and radiculopathy lumbar/sacral/thoracic. A request was made for Lortab hydrocodone/acetaminophen tablets 10/500 #30 and 1 caudal epidural steroid injection with IV sedation and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lortab (Hydrocodone-Acetaminophen Tab 10-500mg #30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management, Opioids Page(s): 78,91.

Decision rationale: California MTUS guidelines recommend Lortab for moderate to moderately severe pain and indicate that, for ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking

behavior. The clinical documentation submitted for review, however, indicated that the patient was having an increased pain with the pain level being a 7/10. It was noted the patient's mobility was worse. The clinical documentation submitted for review failed to provide documentation of the patient's activities of daily living, adverse side effects, and aberrant drug-taking behavior. The clinical documentation submitted for review indicated that the patient's pain had increased and as such indicated there was a lack of efficacy of the medication. Given the above, the request for Lortab (Hydrocodone-Acetaminophen Tab 10-500mg) #30 is not medically necessary.

A caudal epidural steroid injection with IV sedation: Upheld

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

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

Decision rationale: California MTUS guidelines recommend, for repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The objective examination indicated that the patient had tenderness in the paraspinal musculature and had restricted range of motion in the low back. The sensory examination was normal bilaterally and the straight leg raise was positive bilaterally with a reproduction of back and leg pain. The clinical documentation submitted for review indicated the patient would like a repeat injection; however, it failed to provide the patient had documentation objective pain relief as well as functional improvement, including at least 50% pain relief with associated reduction of pain medication use for up to 6 weeks to 8 weeks. The clinical documentation indicated the patient had increased pain. Given the above, the request for (1) One caudal epidural steroid injection with IV sedation is not medically necessary.

A urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Page(s): 78.

Decision rationale: California MTUS Guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated that the patient's pain was increased. This would support the necessity for a urine drug screen. Given the above, I am reversing the prior UR decision, and the request is medically necessary.