

Case Number:	CM13-0038250		
Date Assigned:	12/18/2013	Date of Injury:	08/27/2007
Decision Date:	03/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/28/2013

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 Anesthesiology. has a subspecialty in Pain Management and is licensed to practice in Florida. 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 54-year-old male who reported injury on 08/27/2007. The mechanism of injury was not provided. The patient had a left lumbar epidural steroid injection on 05/13/2013. The most recent examination note revealed the patient had a complaint of a pain level that was increasing and needed to consider another epidural injection that had been extremely helpful in the past. The patient's medications were OxyContin 20 mg, Gabapentin 300 mg, and oxycodone hydrochloride 5 mg. Previous treatments were noted to be a cervical epidural cortisone injection with no relief and lumbar facet injections with relief 3+ months, and the patient was able to decrease medication intake. The patient had tenderness to palpation across the low back. Sensation was decreased to light touch on the left at L4, L5, and S1. The motor strength was 4/5 with give way secondary to pain on the left, and 5-/5 with similar pain on the right. The sensation was not intact to light touch on the right lower extremity; however, it was intact to light touch on the left lower extremity. The patient's diagnoses were noted to include lumbago, bulging lumbar disc, lumbar facet arthropathy, spasms, cervicalgia, and lumbar and cervical radiculitis. The request was made for refill of the medications and a lumbar epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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 clinical documentation submitted for review indicated the patient had a previous lumbar epidural steroid injection and had relief for 3+ months and was able to decrease medication intake. However, there was a lack of documentation indicating the patient had objective pain relief as per a decrease in the VAS score and objective functional improvement and there was a lack of documentation indicating the quantitative reduction of medication use for 6 weeks to 8 weeks.

Oxycodone 5 mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60 and 78.

Decision rationale: California MTUS Guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of a quantitative assessment, including pain relief and objective functional benefit, and evidence that the patient is being monitored for aberrant drug behavior. The clinical documentation submitted for review indicated the patient stated the pain medication and the injection had made a bit of difference in the pain level. There was a lack of documentation, however, of objective pain relief, objective functional benefit, and evidence that the patient was being monitored for aberrant drug behavior. Given the above, the request for Oxycodone 5 mg, #90 is not medically necessary

OxyContin 20 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, ongoing management page Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of a quantitative assessment, including pain relief and objective functional benefit, and evidence that the patient is being monitored for aberrant drug behavior. The clinical documentation submitted for review indicated the patient stated the pain medication and the injection had made a bit of difference in

the pain level. There was a lack of documentation, however, of objective pain relief, objective functional benefit, and evidence that the patient was being monitored for aberrant drug behavior. Given the above, the request for OxyContin 20 mg, #60 is not medically necessary.