

Case Number:	CM13-0039619		
Date Assigned:	12/20/2013	Date of Injury:	08/03/2001
Decision Date:	05/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family 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 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 patient is a 61-year-old male who sustained an injury of August 20, 2001. Lumbar spine MRI in 2012 has revealed severe degenerative changes at L4-5 and L5-S1. EMG/nerve conduction study in October 2012 was negative for radiculopathy. Utilization review on June 6, 2013 modified prescription for Hydrocodone/APAP 10/325 mg for purposes due to long-term use without evidence of functional improvement. An AME performed by [REDACTED] on July 31, 2013 noted that the patient has failed conservative treatment including epidural injections, facet joint blocks, acupuncture and chiropractic. The AME noted good response with physical therapy and recommended continued physical therapy. The patient is pending surgical intervention by [REDACTED]. [REDACTED] did not recommend lumbar injections or continued opioid use. Examination performed on September 20, 2013 by [REDACTED] noted subjective complaints of increasing low back and bilateral lower extremity pain. Physical examination reveals positive straight leg raise bilaterally, 2+ knee reflexes, absence ankle reflexes, normal EHL motor strength, and bilateral hypoesthesia of the L4-L5 dermatomes. The patient takes ibuprofen and Hydrocodone/APAP 5/325 mg. A request was made for lumbar epidural steroid injection bilaterally at L4-5 and Hydrocodone/APAP 10/325 mg #240 with one refill. Utilization review was performed on September 30, 2013 at which time recommendation was made to non-certify the lumbar epidural steroid injection. Recommendation was made to modify to allow for Hydrocodone/APAP 10/325 mg #120 with zero refills. The prior peer reviewer noted lack of documented evidence of positive benefit from prior epidural steroid injection, negative electrodiagnostic studies, MRI without disc herniation, spinal stenosis or neuroforaminal encroachment at any level, and AME's recommendation for no future injections. Regarding Hydrocodone/APAP, the peer reviewer noted that the patient has been taking Hydrocodone/APAP since at least January 2012 without evidence of either pain reduction or

improved function. On November 21, 2013, [REDACTED] noted that the patient's symptoms have continued to progress. The patient has significant back and leg pain. The patient states the cortisone and physical therapy helped him temporarily. Impression is L4-L5 and L5-S1 degenerative disc disease, failed all non-operative measures. The patient at this point wishes to proceed with definite surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LUMBAR TRANSFORAMINAL EPIDURAL STEROID INEJCTION AT BILATERAL L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Section Page(s): 45-46.

Decision rationale: A Lumbar ESI is not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient has negative EDS and MRI while positive for severe degenerative changes, is negative for nerve compression. Furthermore, there is no evidence of improvement in pain, function, or ability to decrease medication usage from prior epidural. The guidelines state that the therapeutic phase, 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 six to eight weeks. Moreover, the most recent surgical evaluation has noted failure of all non-operative measures. Given this factors, the request for lumbar epidural steroid injection is not medically necessary.

HYDROCODONE/APAP 10/325 MG #240 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 79,81.

Decision rationale: Hydrocodone/APAP 10/325mg #240 with 1 refill is not medically necessary. References state that opioids may be continued if the patient has returned to work and if the patient has improved functioning and pain. In this case, there is no improvement is pain or function despite ongoing usage. Furthermore, long term opioid use is not recommended as it leads to opioid dependence and tolerance. As noted in the CA MTUS guidelines, opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. For these reasons, the request for Hydrocodone/APAP 10/325mg #240 with 1 refill is not medically necessary.

