

Case Number:	CM13-0044541		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2006
Decision Date:	03/24/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62-year-old male who sustained an unspecified injury on 03/30/2006. The patient underwent an MRI on 08/10/2012 which had findings of multilevel degenerative disc disease and facet osteoarthritis, status post lower lumbar decompression, mild to moderate canal stenosis at L1-2 and mild canal narrowing at L2-3 and L4-5, multilevel foraminal narrowing, severe bilateral knee at L3-4, severe on the right and moderate to severe on the left at L4-5, and moderate on the right at L2-3. The documentation submitted for review indicated the patient underwent epidural steroid injection on 11/16/2012 with good result. The patient indicated that he had 90% to 95% pain relief with the epidural steroid injection. Upon evaluation on 05/03/2013, the patient complained of pain at 7/10 to 8/10 on the VAS. The physical examination findings were noted as tenderness to palpation over the left greater than right paraspinals from L2 to S1; tenderness to palpation to the right quadratus lumborum. The patient's assessments were noted as lumbar disc injury status post laminectomy surgery, failed back surgery syndrome, lumbar myofascial pain, and lumbar radiculopathy. The treatment plan was noted as continue patient on Norco 10/325 mg 5 tablets per day, ibuprofen 600 mg 3 times a day, and request epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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

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

Decision rationale: The request for Norco is non-certified. The California MTUS Guidelines recommend ongoing monitoring to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or drug related behaviors in patients who are taking opioids. The documentation submitted for review indicated the patient's pain to be 7/10 to 8/10 on the VAS; therefore, indicating the patient's pain medication had no analgesic effect. Furthermore, the documentation submitted for review did not indicate the patient had any functional improvement with ongoing usage of the medication. As the patient did not have any noted pain relief, improvement in function, or improvement in overall condition, the continuation of the medication is not supported. It is additionally noted that the request for Norco does not indicate the dosage nor the amount of the medication being requested. The amount of medication is necessary to assure proper duration of treatment for re-evaluation of the efficacy of treatment. Given the information submitted for review, the request for Norco is non-certified.

bilateral transforaminal epidural steroid injection (ESI) at L4: Upheld

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

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

Decision rationale: The request for bilateral transforaminal ESI at L4 is non-certified. The California MTUS recommends repeat blocks be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use 6 to 8 weeks with a general recommendation of no more than 4 blocks per region, per year. The documentation submitted for review indicated the patient did have functional improvement following the previous epidural steroid injection; however, the documentation submitted for review did not indicate the patient had decreased medication usage following the previous epidural steroid injection. Furthermore, the documentation submitted for review did not include an evaluation of the patient during the therapeutic phase of the epidural steroid injection to confirm efficacy. The documentation submitted for review did not have continued objective documented pain and functional improvement for the patient. Given the information submitted for review, the request for bilateral transforaminal epidural steroid injection L4 is non-certified.