

Case Number:	CM13-0044554		
Date Assigned:	12/27/2013	Date of Injury:	09/26/1997
Decision Date:	03/06/2014	UR Denial Date:	10/22/2013
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 Family Practice 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 48-year-old female who reported a work-related injury on 09/26/1997, with specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: pain to the lumbar spine; herniated disc in the lumbar spine; radiculopathy of the lumbar spine; and myelopathy of the lumbar spine. Clinical note dated 05/02/2013 reports that the patient was seen under the care of [REDACTED]. The provider documents that the patient rated her pain to the lumbar spine at a 10/10 (ten out of ten). The provider documented upon physical exam of the patient's lumbar spine, reflexes were two (2) throughout, and the patient had a noted sensory deficit at the L5-S1 dermatome. The patient had motor deficit about the L4-5, L5-S1 myotomes. The provider documented positive straight leg raise at 30 degrees bilaterally. The patient, as of 05/30/2013, underwent an L3-4, L4-5, L5-S1 epidural steroid injection. Follow-up clinical note dated 08/01/2013 reports that the patient was again seen under the care of [REDACTED]. The provider documents that the patient's rate of pain to the lumbar spine was at a 10/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Opana 10mg #60: 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): 74.

Decision rationale: The Chronic Pain Guidelines indicate, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The clinical notes failed to document significant objective functional improvement or decrease in rate of pain on a visual analog scale (VAS) for the patient's continued utilization of Opana 10 mg one (1) by mouth twice a day. Given the lack of documented efficacy with utilization of this medication after failure of use of Fentanyl and Norco, the request for one (1) prescription of Opana 10 mg #60, is not medically necessary or appropriate.

One (1) lumbar epidural steroid injection and facet injection to L4-L5 and L5-S1 disc levels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute & Chronic).

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

Decision rationale: The Chronic Pain Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no official imaging of the patient's lumbar spine submitted for this review. In addition, the guidelines indicate that in 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 6 to 8 weeks, with a general recommendation of no more than four (4) modalities or procedural units in total per visit, allowing the physical therapy visit to focus on those treatments where there is evidence of functional improvement blocks per region per year. The clinical notes documented that the patient underwent a lumbar epidural steroid injection on 05/30/2013, there was no documented reports of efficacy status post this injection to support further injections about the patient's lumbar spine for her chronic pain complaints. Given all the above, the request for one (1) lumbar epidural steroid injection and facet injection to L4-L5 and L5-S1 disc levels is not medically necessary or appropriate.