

Case Number:	CM13-0045913		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2001
Decision Date:	03/12/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Internal Medicine & Emergency Medicine 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:

This patient is a 57 year-old with a date of injury of 04/09/01. A progress report associated with the request for services, dated 11/26/13, identified subjective complaints of decreased lumbar pain but increased right sciatic pain. She has associated numbness. She requires a cane to walk. Objective findings included tenderness to palpation of the lumbar area including the facet joints. Straight leg-raising was positive. There was decreased range-of-motion. Sensation is not described. Motor function was normal. Diagnoses included lumbar disc degeneration with neuritis. CT scan on 12/14/10 showed interval increase in disc protrusion of L1-2, L2-3, and L3-4 with foraminal stenosis, and disc replacement at L4-5. Treatment has included oral analgesics, epidural steroid injections, acupuncture, physical therapy, and heat and ice. A nerve block was done on 04/17/13 at L2 and L4 with reported 45% improvement in pain. The nerve block at L2 and L4 was repeated on 05/14/13. Surgery has included an L4-5 fusion. There was no discussion of functional improvement related to current or past therapies. She was listed as temporarily totally disabled. A Utilization Review determination was rendered on 11/01/13 recommending non-certification of "1 lumbar nerve block bilaterally at L3 under fluoroscopy and monitored anesthesia between 10/29/13 and 12/29/13; 1 prescription of Duragesic 50mcg #15 between 10/29/13 and 12/29/13".

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar nerve block bilaterally at L3 under fluoroscopy and monitored anesthesia between 10/29/13 and 12/29/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) note that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The claimant does appear to have objective findings of a radiculopathy supported by imaging. Conservative measures have been attempted and failed. One injection is requested. The original denial of services was based upon a prior injection only achieving a 45% reduction in pain. However, those injections involved a different nerve root. Therefore, there is documented medical necessity for an L3 nerve block using fluoroscopy under monitored anesthesia.

Prescription of Duragesic 50mcg #15 between 10/29/13 and 12/29/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48; 74-83. Decision based on Non-MTUS Citation www.duragesic.com

Decision rationale: Duragesic is a transdermal sustained release form of fentanyl, which is classified as an opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the

level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The patient has been on opioids well in excess of 16 weeks. In this case, there is no documentation of the other elements of the pain assessment referenced above or necessity of therapy beyond 16 weeks or specific functional improvement. Therefore, there is no documented medical necessity for Duragesic.