

Case Number:	CM13-0047747		
Date Assigned:	04/04/2014	Date of Injury:	04/17/2006
Decision Date:	06/10/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 an employee of [REDACTED] and has submitted a claim for bilateral lumbar facet syndrome and mechanical low back pain associated with an industrial injury date of 4/17/06. Treatment to date has included decompression and instrumented fusion at L4-5 and L5-S1 in 2007, and subsequent revision in 2008; left lumbar L3-L4 transforaminal epidural steroid injection (ESI) on 11/13/13; left lumbar L4-L5 and L5-S1 transforaminal ESIs on 6/13/13 and 1/30/13; radiofrequency left lumbar facet neurotomy at T12-L1, L1-L2, and L2-L3 under fluoroscopy on 10/9/12; bilateral medial branch block at L1-L2 and L2-L3 on 8/8/12; spinal cord stimulator in 2012; physical therapy; chiropractic care; acupuncture; the use of a TENS unit, and medications including Morphine Sulfate ER, Norco, and Soma. Medical records from 2012-2014 were reviewed, showing that the patient has been complaining of chronic low back pain radiating to the bilateral gluteal and inguinal regions. The pain was at 7/10, and described as sharp, shooting, stabbing, and burning in nature associated stiffness. Physical examination showed muscle spasm and tenderness at L3-L5. Range of motion of the lumbar spine was limited with presence of pain during extension and lateral bending. Straight leg raise was positive on the left on 45-degree elevation of the leg. Deep tendon reflexes were +1 at the knee and Achilles tendon level. There was weakness in the left lower extremity in the L4-L5 myotomes. A CT scan of the lumbar spine from 8/20/12 showed that there has been anterior and posterior fusion at L4-L5, which appeared solid. There may be mild pseudoarthrosis, right posterior elements. The pedicular screws and rods were in good position. At L2-L3, there was some anterior and posterior solid fusion. Pedicular screws and rods were in good position. There was mild to moderate left foraminal narrowing from a heterotopic fusion bone extending into the left inferior neural foramen without obvious nerve root impingement. There was no significant canal stenosis post-laminectomy. At L3-L4, there was a solid posterior fusion; no canal stenosis. There was

mild foraminal narrowing from heterotopic facet/fusion bone; no nerve root impingement. At L1-L2, there was posterior fusion without canal or significant foraminal stenosis. At T12-L1, there was mild to moderate canal stenosis from slight disc bulge, and facet and ligamentum flavum hypertrophy and epidural lipomatosis, unchanged. At L5-S1, there was solid posterolateral fusion without canal or significant foraminal stenosis, unchanged. An MRI of the lumbar spine from 8/8/12 revealed interpedicular screws extending from L1 to S1, and posterior stabilizing rods were in place. There was straightening of the normal lumbar lordosis. At the T12-L1 disc space, there was chronic anterosuperior endplate fracture deformity. There was a Schmorl node with approximately a 5% loss of height in the vertebra. There was no central or foraminal stenosis. At the L1-L2 disc space, posterior osseous fusion was present without central or foraminal stenosis. At the L2-L3 disc space, anterior fusion graft was in place. Posterior osseous fusion was present. There was a laminectomy defect and there was no central or foraminal stenosis. At the L3-4 disc space, posterior osseous fusion laminectomy defect was present. There was minimal proximal left L3 foraminal stenosis. At the L4-L5 disc space, posterior osseous fusion and anterior fusion graft was in place. There was a decompressive laminectomy. There was no foraminal stenosis. A left foraminotomy was performed. There was solid posterior osseous fusion. At the L5-S1 disc space, a central decompression laminectomy was present with a medial facetectomy. There was adequate decompression of the thecal sac and lateral recess. There was no foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT LUMBAR TRANSFORAMINAL EPIDURAL INJECTION AT L3-L4 AND L4-L5 LEVEL: Upheld

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 rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection is an option for the treatment of radicular pain. Most current guidelines recommend no more than two epidural steroid injections. 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 6-8 weeks. In this case, the patient already underwent left lumbar epidural steroid injection at L3-L4 on 11/13/13, and left lumbar transforaminal epidural steroid injection (ESI) at L4-L5 and L5-S1 on 6/13/13 and 1/30/13. The patient's total of three lumbar ESIs exceeds the guidelines. The patient rated his back pain at 8/10 on 10/10/13, prior to undergoing ESI. On the following visit, dated 12/5/13, the report stated that the patient experienced 55% pain relief; however, the patient rated his back pain as 7/10. Thus, the required 50% pain relief cited in the guidelines was not met. Furthermore, a progress report written on 2/5/14 revealed that neurologic exam was intact without evidence of radiculopathy, which is a required indication for an ESI. Moreover, the patient has failed to exhibit evidence of improved performance of activities of daily living, and failed to exhibit

reduction in dependence on medical treatment. The official results of MRI and CT scan of the lumbar spine were not included in the submitted documents; rather, they were only cited in a report dated 11/21/12. As such, the request is not medically necessary.

MORPHINE SULFATE (MS) ER 15MG #60: Upheld

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

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

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, there are four especially important pieces of information for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related 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. In this case, the patient has been taking Morphine Sulfate since 2010. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects associated with the use of this medication. The MTUS guidelines require clear and concise documentation for ongoing management. As such, the request is not medically necessary.

NORCO 10/325MG #180: Upheld

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

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

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, there are four especially important pieces of information for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related 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. In this case, the patient has been taking Norco since 2009. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects associated with the use of this medication. The MTUS guidelines require clear and concise documentation for ongoing management. As such, the request is not medically necessary.

SOMA 350MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: As stated on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol (Soma) is a centrally acting skeletal muscle relaxant that is not indicated for long-term use. Carisoprodol has been abused in order to augment or alter effects of other drugs, such as hydrocodone, tramadol, benzodiazepine and codeine. In this case, the earliest progress report citing patient's use of Soma was dated 2012. Furthermore, this medication is being taken together with Norco and Morphine Sulfate, which is not recommended by the guidelines due to high potential of abuse. As such, the request is not medically necessary.

1 REPEAT URINE NEXT VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, routine use of urine drug screening for patients on chronic opioids is recommended, as there is evidence that it can identify aberrant opioid use. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). In this case, the patient's current oral medications include Morphine Sulfate ER, Norco, and Soma. The results of the previous urine drug screening were not included in the documents submitted. Moreover, there is no discussion of the patient having a high risk for aberrant drug use behavior, such as issues of abuse, addiction, or poor pain control that would necessitate a drug screen. As such, the request is not medically necessary.