

Case Number:	CM13-0048470		
Date Assigned:	12/27/2013	Date of Injury:	10/03/2002
Decision Date:	05/19/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/06/2013

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 Neurology, has a subspecialty in neuromuscular 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 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 53-year-old man who sustained a work-related injury on October 3, 2002. Subsequently, he developed chronic back pain. According to the progress note dated on July 23, 2013, the patient's physical examination demonstrated mild tenderness in the lumbosacral area, with the use of the range of motion. The motor strength of lower extremities was normal. The provider requested authorization for a lumbar facet epidural injection and the prescription of hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar facet epidural steroid injection bilaterally at L5-S1 under ultrasound guidance with SRH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301 and 309, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The MTUS/ACOEM Guidelines indicate that lumbar facet injection is not recommended for chronic back pain. A lumbar epidural injection could be recommended in the case of radiculopathy to avoid surgery. There is no documentation that the patient is a candidate

for surgery or has active radiculopathy. Therefore, the request for lumbar facet epidural steroid injection bilaterally at L5-S1 under ultrasound guidance with SRH is not medically necessary.

One (1) prescription of Hydrocodone 5/500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 179.

Decision rationale: The Chronic Pain Guidelines indicate that Hydrocodone 5/500 mg is a synthetic opioid recommended for pain management, but not recommended as a first line oral analgesic. The guidelines also indicate that the ongoing use of opioids should follow specific rules, such as (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; (b) The lowest possible dose should be prescribed to improve pain and function; and c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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 satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. For Ongoing Monitoring, there are four (4) domains that 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. There is no clear evidence of objective findings or recent functional and pain improvement with the previous use of opioids (Hydrocodone 5/500 mg). There no clear documentation of the efficacy/safety of the previous use of the medication. There is no clear justification for the need to continue the use of Hydrocodone 5/500 mg. Therefore, the prescription of Hydrocodone 5/500 mg is not medically necessary at this time.