

Case Number:	CM13-0054786		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2000
Decision Date:	03/25/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of epidural steroid injection therapy, facet blocks, and other nerve blocks; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for two epidural steroid injections, urine drug screen, and Norco while approving a request for Neurontin. The applicant's attorney subsequently appealed. An earlier clinical progress note of October 3, 2013 is notable for comments that the applicant reports persistent low back pain radiating down the left leg. He has had heightened pain for the last three weeks. The applicant has greater radicular component to his symptoms than a facetogenic component, it is stated. The applicant exhibits a mildly antalgic gait. There is evidence of decreased sensorium about the left L5 and S1 distributions. The applicant reportedly has a large disk herniation at L4-L5. Two separate epidural steroid injections are sought. The applicant's work status is not clearly stated. It is stated that the applicant's disability status is "unchanged." It is not clear whether he has in fact returned to work or not, although an earlier note of June 15, 2012 seemingly suggested that the applicant had been returned to regular work, at least on paper. An earlier note of August 16, 2013 is notable for comments that the applicant's pain medications are necessary to provide functional gains and permit the applicant to remain working. The applicant is on Neurontin and Norco. The applicant is described as having a "very busy work schedule and family obligations." Norco and Neurontin are ultimately refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two left L5-S1 and S1, 2-level, transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, PAIN, (Armon, 2007) see also Epidural steroid Injections, "Series of three".

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain relief and functional improvement. The MTUS does not support a series of three injections in either the diagnostic or therapeutic phase or, by implication, a series of two injections being sought here. Rather, the MTUS supports interval reevaluation of an applicant after each block to ensure the presence of ongoing pain relief and functional improvement with the prior block. While the applicant did reportedly respond favorably to an earlier block at an unspecified point in time, an additional two blocks cannot be certified as one article, for all of these stated reasons. Therefore, the request is not certified, on Independent Medical Review.

One Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Automated Prescribing Service (MAPS), (ONLINE VERSION), University of Michigan Health System Guidelines for Clinical Care; Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May2009), pg10; 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. However, the ODG Chronic Pain Chapter Urine Drug Testing topic does state that an attending provider should clearly attach an applicant's medication list along with the request for authorization for drug testing. An attending provider should also clearly state which drugs test and/or drug panels he intends to test for and/or whether this drug testing is being performed "for cause" or randomly. In this case, however, the attending did not clearly state what drug tests and/or drug panels he was testing for, nor did he state why testing was being sought. The attending provider did not, furthermore, furnish the applicant's complete medication list on any recent progress note, including the October 2013 progress note referenced above. Therefore, the request for urine drug testing remains not certified, on Independent Medical Review.

Norco 10/325mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain affected as a result of ongoing opioid usage. In this case, the applicant has reportedly returned to work. He is maintaining both work obligations and family obligations, reportedly as a result of ongoing Norco usage. Continuing the same, on balance, is therefore, indicated and appropriate. Therefore, the request is certified.