MAXIMUS Federal Services

Case Number:	CM13-0055285		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2003
Decision Date:	05/19/2014	UR Denial Date:	10/22/2013
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 November 17, 2013. 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; earlier failed lumbar fusion surgery; unspecified amounts of physical therapy, and extensive periods of time off of work. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for an epidural steroid injection and Nucynta. The claims administrator did note that the applicant was status post laminectomy and fusion at L4-L5 and L5-S1 with an extradural defect noted at left L4 level. The claims administrator stated that there was no clear evidence of radiculopathy identified on lumbar CT scanning of June 12, 2013. In its denial, the claims administrator cited a now outdated version of the ODG Low Back Chapter Epidural Steroid Injection topic which, in turn, references the American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition. The most current version of ODG no longer directly references the AMA Guides in its epidural steroid injection criteria. The claims administrator denied Nucynta on the grounds that the attending provider did not document the quantity of Nucynta being requested. The applicant's attorney subsequently appealed. A December 6, 2013 progress note is notable for comments that the applicant has persistent complaints of low back and left knee pain. The applicant is having difficulty with prolonged walking. His pain ranges from 8-9/10. He is having superimposed anxiety issues, it was stated. Prescriptions for an epidural steroid injection/pain management consultation, gym membership, and omeprazole were issued. On November 23, 2013, the attending provider stated that he is appealing the earlier denied epidural injection. The applicant had significant low back pain radiating into legs, it was stated and further stated that he had left leg weakness.

The applicant did apparently have diminished sensorium about the left leg. An epidural steroid injection, Nucynta, Naprosyn, Colace, and medical transportation were endorsed. The applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, however, recent non-contrast CT scanning of the lumbar spine did not reveal a clear focus of the employee's ongoing radicular complaints. Nevertheless, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. In this case, the request seemingly represents a first-time request for epidural steroid injection therapy following earlier lumbar fusion surgery. There is no evidence on file that the employee has had prior epidural steroid injections following earlier lumbar fusion surgery. A trial diagnostic (and potentially therapeutic) epidural block may be of benefit and is supported by page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.

Nucynta 100 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CHRONIC PAIN CHAPTER, SECTION TAPENTADOL

Decision rationale: The MTUS guidelines do not address the topic. As noted in the ODG Chronic Pain Chapter Tapentadol topic, tapentadol or Nucynta is recommended as a second-line therapy for applicants who develop intolerable adverse effects with first-line opioids. In this case, however, the information on file does not establish or describe the presence of intolerable adverse effects with first-line opioids such as hydrocodone and/or Tylenol with Codeine, for instance. Again, much of the information on file is sparse, handwritten, not entirely legible, and difficult to follow. Therefore, the request remains not certified, on Independent Medical Review.