MAXIMUS Federal Services

Case Number:	CM13-0061051		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2012
Decision Date:	06/04/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 a 29-year-old injured on July 23, 2012 while loading granite she experienced low back pain. Current diagnoses included thoracolumbar intervertebral disc displacement with radiculitis. Thoracic MRI on October 30, 2012 revealed a T3-4 posterior disc protrusion indenting the subarachnoid space. Lumbar MRI on October 30, 2012 revealed posterior disc protrusion at L3-4 and L4-5 and a disc herniation at L5-S1. Clinical note dated December 14, 2013 indicated the patient reported she was becoming more depressed with an increase in back pain and left leg pain. The patient was tender in the lumbar spine positive left straight leg raise and restricted range of motion. The previous clinical note indicated the patient was complaining of low back pain, limited range of motion of the lumbar spine with numbness and tingling of the left leg. The patient reported that low back pain exaggerated while standing on uneven surfaces or standing up from a sitting position. The patient rated her pain at 9/10 with radiation to the thigh. Current medications included omeprazole, norco, and zolpidem. Treatment plan included epidural steroid injections. The progress note from January 17, 2013 indicates that the pain management provider intends to perform a bilateral transforaminal injection at L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN (QUANTITY UNSPECIFIED): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment/Ambien Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Online Version, Pain (Chronic), Zolpidem (AmbienÂ®).

Decision rationale: As noted in the Official Disability Guidelines, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended two to six week window of use. The request for Ambien (quantity unspecified) is not medically necessary or appropriate.

NORCO (QUANTITY UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Criteria for Use Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. The clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics. The request for Norco (quantity unspecified) is not medically necessary or appropriate.

EPIDURAL STEROID INJECTION (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 46.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be

documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must also be evidence that the patient must has been unresponsive to conservative treatmen to include exercises, physical methods, NSAIDs (non-steroidal anti-inflammatory drugs) and muscle relaxants. The radiculopathy is present and corroborated by imaging. A pain management progress note on January 17,2 013 indicates that the patient has weakness of gastrocsoleus with manual muscle testing rated 4/5. The patient has been noted to have positive straight leg raise testing in other progress notes. Lumbar MRI performed on October 30, 2012 indicate multiple disk protrusions, especially at L3-4, L4-5, and L5-S1 (which was 9mm at this level). The patient's conservative care has consisted of acupuncture, pain medications, and work modification (eventually the patient was noted to be temporarily tototally disabled). It is appears from the records that the request is made by an orthopedic surgeon to see the same pain management provider who authored the progress note on January 17, 2013; therefore the levels of intended injection are known based upon referring back to the original note. The request for an ESI is medically necessary and appropriate.