

Case Number:	CM13-0062717		
Date Assigned:	12/30/2013	Date of Injury:	12/27/2011
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 26-year-old female who reported injury on 12/27/2011. The mechanism of injury was noted to be that the patient was lifting heavy patients who were paralyzed. The patient had a lumbar epidural on 05/01/2012. The patient's diagnosis was noted to be as lumbar herniation disc with left L5-S1 radiculopathy. The patient's medications as of the note 09/06/2013 were hydrocodone and ketoprofen. It was indicated that the patient took the medications through the year of 2013. The patient underwent a lumbar epidural steroid injection at the level of L5-S1 on 09/09/2013. The recent documentation dated 10/01/2013, revealed that the patient continued to have severe low back pain at L5-S1. The patient had pain down the legs. The patient had an inability to take care of her daughter, to lift her out of the crib, or put her in the car seat. It was indicated the patient had a prior epidural injection with minimal improvement. The patient's motor strength was 4/5 in the lower extremity. The patient had decreased sensation in the L5 and S1 dermatomes in the bilateral lower extremities. The patient had a positive straight leg raise at 45 degrees on the left and at 75 degrees on the right. The treatment plan was noted to be authorization for the patient to have a neurosurgical consultation for surgery at L5-S, based on the report findings from the agreed medical exam (AME) physician. Additionally, the request was made to go forward with two (2) more lumbar spinal epidural injections and continue with the medication 10/325 one (1) by mouth twice a day #60 and ketoprofen 75 mg one (1) by mouth two to three (2 to 3) times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) more epidural injections for the lumbar spine: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that repeated injections should be based on continued objective documented pain and objective functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight (6 to 8) weeks. The clinical documentation submitted for review indicated the patient had minimal relief with the prior injection. The request as submitted failed to indicate the level and laterality of the epidural injections being requested. There was a lack of documentation indicating at least 50% pain relief with associated reduction of pain medication use for six to eight (6 to 8) weeks and objective documented pain relief and functional improvement. The request as submitted failed to indicate the laterality and level. Given the above, the request for two (2) more epidural injections lumbar spine is not medically necessary.

Ketoprofen 75mg #90, one (1) by mouth two to three (2-3) times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) and NSAIDs, specifici.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short term symptomatic relief. There should be documentation of an objective functional improvement and objective decrease in the visual analog scale (VAS) score. The clinical documentation submitted for review indicated the patient had been taking the medication during 2013. There was a lack of documentation indicating objective functional improvement received for the medication and an objective decrease in the VAS. Given the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request is not medically necessary.

Norco 10/325mg #60, one (1) by mouth twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Opioids, specific drug list Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, ongoing management Page(s): 60,78.

Decision rationale: The Chronic Pain Guidelines indicate that opiates are appropriate for the treatment of chronic pain. There should be documentation of an objective improvement in

function, objective decrease in the visual analog scale (VAS), and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of the above requirements. Given the above and the fact the patient has been on the medication during 2013, the request is not medically necessary.