

Case Number:	CM13-0063986		
Date Assigned:	01/03/2014	Date of Injury:	06/26/2008
Decision Date:	04/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, chronic mid-back pain, hypogonadism, and hypothyroidism reportedly associated with an industrial injury of June 26, 2008. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior thoracic epidural steroid injections, including on July 22, 2013; long-acting opioids; a CPAP mask for obstructive sleep apnea; and an H-Wave device. In a December 10, 2013 progress note, the applicant presents with stable pain. The applicant is apparently seeking a repeat epidural injection. 5/5 upper extremity strength is noted with limited cervical range of motion secondary to pain. Limited thoracic and lumbar ranges of motion were noted with decreased sensorium noted about the right lower extremity and positive straight leg raising appreciated bilaterally. MRI imaging is apparently notable for a T8-T9 disk protrusion. MS Contin, Lunesta, Lexapro, Soma, and a second thoracic epidural steroid injection are sought. The injection in question is referred to as a thoracic epidural injection in some sections and a lumbar epidural injection in other sections. A CPAP mask and an H-Wave therapy are sought. In a clarification letter of December 27, 2013, the treating provider states that he is actively seeking authorization for a T8-T9 thoracic epidural steroid injection and that previous references to a lumbar epidural steroid injection were typographic error. An earlier note of July 31, 2013 is notable for comments that the applicant has had ongoing issues with worsening mood, chronic fatigue, and diminished energy levels. The applicant also has psoriasis. The applicant has issues with insomnia, fatigue, anxiety, and depression. The applicant is described as having retired from his former work at [REDACTED] [REDACTED] at the age of 37 on this visit. The applicant's work status is not clearly detailed or described on other visits. In a Utilization Review Report of November 20, 2013, the claims

administrator denied a second lumbar epidural steroid injection, MS Contin, Soma, and Lexapro. The epidural steroid injection was denied on the grounds that the applicant did not achieve the requisite analgesia with the prior injection. Lexapro is denied on the grounds that SSRIs are not the treatment of choice for chronic pain and on the grounds that the attending provider did not furnish the exact number of pills that the applicant was taking. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SECOND EPIDURAL STEROID INJECTION (ESI): Upheld

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

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

Decision rationale: It is incidentally noted that the attending provider subsequently wrote in a clarification letter on December 27, 2013 that he intended for the epidural injection to be performed at T8-T9 level, in the thoracic spine. Nevertheless, the applicant has had at least one prior epidural steroid injection and has failed to achieve any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to return to work. The applicant remains highly on various analgesic and psychotropic medications, including morphine, Soma, Lexapro, Lunesta, etc., as well as an H-Wave device. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite the prior epidural steroid injection. A repeat block cannot be supported given the failure of the prior block. Therefore, the request is not certified, on Independent Medical Review.

MS CONTIN 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid therapy. In this case, however, these criteria have not been met despite ongoing usage of opioids. The applicant has failed to return to work. The applicant has failed to exhibit any clear analgesia and/or improved function as a result of ongoing morphine usage. If anything, the applicant's pain complaints Final Determination Letter for IMR Case Number [REDACTED] appear heightened and his energy level appears diminished from visit to visit. Therefore, the request for MS Contin remains not certified, on Independent Medical Review

SOMA 350MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is "not recommended" for long-term use purposes, particularly when used in conjunction with opioids. In this case, the applicant is using numerous opioid agents. Adding carisoprodol or Soma to the mix is not recommended, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains not certified, on Independent Medical Review.

LEXAPRO 10MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants are helpful to alleviate symptoms of depression and often take "weeks" to exert their maximal effect. In this case, the applicant does have issues with anxiety, depression, fatigue, mood disturbance, etc. Ongoing usage of an antidepressant, Lexapro is indicated to combat the same and is supported for this purpose by ACOEM. Accordingly, the request is certified on Independent Medical Review.