

Case Number:	CM13-0068453		
Date Assigned:	01/03/2014	Date of Injury:	08/09/2012
Decision Date:	06/04/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Management, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 51-year-old male who reported an injury on August 9, 2012 after he attempted to catch a 24-foot ladder that knocked him to the ground. The injured worker reportedly sustained an injury to his low back. The injured worker underwent a CT scan of the lumbar spine dated August 28, 2012 that concluded that there was a disc bulge at the L5-S1 causing left neural foraminal narrowing. The injured worker underwent an epidural steroid injection on December 13, 2012. The injured worker was evaluated on 01/15/2013 following the epidural steroid injection. It was noted that the injured worker had "benefit." However, the specifics of the effectiveness of that injection were not provided. The injured worker underwent an additional epidural steroid injection on January 29, 2013. The injured worker was evaluated on January 5, 2013, which documented that the injured worker had improvement following the epidural steroid injection. However, specific documentation to support the efficacy of that injection was not provided. The injured worker underwent a third epidural steroid injection on February 26, 2013. The injured worker was evaluated on May 16, 2013. It was documented that the injured worker had continued pain despite medication usage. An increase in OxyContin from 30 mg to 80 mg was prescribed. The injured worker was evaluated on December 16, 2013. It was documented that the injured worker had continued low back pain radiating into the bilateral lower extremities, rated at a 10/10 without medications and reduced to a 3/10 with medications. The injured worker's medication schedule included OxyContin 30 mg, Percocet 10/325 mg and Amitiza 24 mcg 3 times a day. Physical findings included a positive straight leg raise test bilaterally with palpable tenderness of the bilateral lumbar musculature with 5/5 bilateral lower extremity motor strength. The injured worker's diagnoses included lumbar stenosis, lumbar radiculopathy and lumbago. A request was made for a refill of medications, a bilateral

transforaminal L4-5 epidural steroid injection and a bilateral transforaminal L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends that the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit and evidence of significant pain relief, managed side effects and evidence that the injured worker is evaluated for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has pain relief resulting from medication usage and is evaluated for aberrant behavior with urine drug screens. Additionally, it was documented that the injured worker has functional improvement of activities of daily living and is able to perform household chores with medications as opposed to without. However, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. The request for oxycontin 30mg, 180 count, is not medically necessary or appropriate.

A BILATERAL L4-L5 TRANSFORAMINAL 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 INJECTIONS Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends epidural steroid injections for injured workers who have evidence of radiculopathy upon examination, corroborated by an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence of physical findings of radiculopathy that correlate with the L4-5 distribution. Additionally, the imaging study provided for review does not indicate any nerve root pathology at the L4-5 level. Therefore, a bilateral L4-5 transforaminal epidural steroid injection would not be supported. The request for a bilateral L4-L5 transforaminal epidural steroid injection (ESI) is not medically necessary or appropriate.

A BILATERAL L5-S1 TRANSFORAMINAL 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 Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends that repeat injections be based on documented functional benefit and pain relief of greater than 50% for at least 6 to 8 weeks. The clinical documentation submitted for review does indicate that the injured worker underwent an epidural steroid injection at the requested level in January of 2013. However, the efficacy of that epidural steroid injection was not supported with a quantitative assessment of pain relief, documentation of functional benefit or a duration of effect to support the need for an additional epidural steroid injection. The request for a bilateral L5-S1 transforaminal ESI is not medically necessary or appropriate.

AMITIZA 24MCG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend the initiation of prophylactic treatment for constipation with the use of opioid therapy. The clinical documentation submitted for review does indicate that the injured worker takes opioids on a chronic basis. However, a recent evaluation of the injured worker's side effects was not provided. Additionally, it was noted within the documentation that the injured worker denied any type of side effects during the December 16, 2013 evaluation. Therefore, the need for this medication is not supported. The request for amitiza 24mcg, sixty count, is not medically necessary or appropriate.