

Case Number:	CM14-0007136		
Date Assigned:	02/07/2014	Date of Injury:	12/01/2010
Decision Date:	08/05/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 patient is a 52-year-old male who has submitted a claim for lumbar/lumbosacral disc degeneration associated with an industrial injury date of 12/01/2010. Medical records from 10/09/2012 to 01/27/2014 were reviewed and showed that patient complained of sharp, stabbing pain in the left side of the back, grade 8/10, with radiation down the left leg. Physical examination of the lumbar spine showed loss of lordotic curvature with spasms. Range of motion was limited by pain. DTRs were +1 at the knees and ankles. Motor strength was normal. There was sensory loss along the left lateral thigh, calf, and bottom of the foot. An MRI of the lumbar spine, dated 09/05/2013, revealed posterior displacement of the left L5 nerve root, and left L4-L5 neuroforaminal narrowing. Treatment to date has included oral NSAID and opioid analgesics, ESI (10/31/2012), and left S1 joint, piriformis, and trochanteric bursa injections (01/02/2013). Utilization review, dated 01/13/2014, denied the request for ibuprofen because there was no documentation regarding how long the patient has been taking ibuprofen, as he might need blood tests before continuing medication; denied the request for Norco because there was no documented objective evidence of functional improvement; and denied the request for lumbar epidural injection because the request lacked the level and laterality of targeted injection site(s), and there was no documented treatment failure with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 800MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: As stated on page 72 of the MTUS Chronic Pain Guidelines, Ibuprofen can be taken for mild to moderate pain at 400 mg every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, medical records submitted show that the patient has been taking Ibuprofen since November 2012. However, long-term NSAID use is not recommended. Furthermore, the MTUS Guidelines do not support the use of doses greater than 400 mg. Therefore, the request is not medically necessary.

NORCO 10/325MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since January 2013. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The MTUS Chronic Pain Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not medically necessary and appropriate.

ONE LUMBAR EPIDURAL INJECTION: 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 Page(s): 46.

Decision rationale: As stated on page 46 of the MTUS Chronic Pain Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per

region per year. In this case, the patient complains of back pain accompanied by radicular symptoms despite oral analgesics. Physical examination showed hyporeflexia of the knees and ankles, and hypoesthesia along the left lower extremity. An MRI of the lumbar spine, dated 09/05/2013, revealed posterior displacement of the left L5 nerve root, and left L4-L5 neuroforaminal narrowing. However, medical records submitted for review did not show evidence of failed physical therapy. In addition, the patient had an ESI on 10/31/2012, but there was no evidence of improvement from the procedure. Furthermore, the request as submitted did not specify the level and laterality of the targeted sites. The present request is incomplete and the criteria for ESI have not been met. Therefore, the request for one lumbar epidural injection is not medically necessary.