

Case Number:	CM14-0102572		
Date Assigned:	07/30/2014	Date of Injury:	09/12/2007
Decision Date:	09/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 09/12/2007. The mechanism of injury was not provided with the documentation submitted for review. Her diagnoses were noted to be cervical radiculopathy; lumbar radiculopathy; and lumbar facet arthropathy. The injured worker had prior treatments noted to be injections and medications. The injured worker had MRI of the lumbar spine revealing findings most consistent with radiculopathy. The injured worker's subjective complaints were noted to be chronic low back pain with left lower extremity radiation. The objective physical examination findings noted moderate distress. There was spasm noted in the bilateral paraspinous musculature. Lumbar tenderness was noted upon palpation of the bilateral lumbar paravertebral area. Range of motion of the lumbar spine showed flexion at 50 degrees. The range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with extension, flexion and extension. The treatment plan was noted to be continuation of current medications. The provider's rationale for the request was noted in a clinical note dated 06/27/2014. The Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at left L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restore range of motion and thereby facilitate progress in more active treatment programs and avoid surgery. The documentation submitted for review contains an MRI and an EMG. It is not noted on the documentation that the injured worker has radiculopathy. In addition, documentation fails to support failure of conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. The provider's request fails to include use of fluoroscopy for guidance. As such, the request for lumbar epidural steroid injection at left L5-S1 is not medically necessary.

Norco 10/325mg #60: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes for time to effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation provided fails to indicate adequate pain assessment. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; and how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The documentation fails to indicate a recent urine drug screen and it does not address side effects. Efficacy of prior use with Norco is not noted. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Norco 10/325 mg, quantity of 60, is not medically necessary.

Toradol/B12 injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketorolac (Toradol®)/ Vitamin B.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state Toradol is not indicated for minor or chronic painful conditions. The Official Disability Guidelines state the injection of Toradol is recommended as an option to corticosteroid injections in the shoulders with up to 3 injections. Toradol, when administered intramuscularly, may be used as an alternative to opiate therapy. The Official Disability Guidelines also note vitamin B is not recommended. The efficacy of vitamin B for treating peripheral neuropathy is not clear. The request for Toradol/B12 injection does not indicate a location of injection or a dose. As such, the request for Toradol/B12 injection is not medically necessary.