

Case Number:	CM14-0105003		
Date Assigned:	09/16/2014	Date of Injury:	03/28/2002
Decision Date:	10/22/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 59 year old male who was injured on 03/29/2002. The mechanism of injury is unknown. Prior treatment history has included Baclofen, tramadol, Vicodin, Norco, Valium and Flexeril. He has had an epidural steroid injection in the past, which provided better and longer relief of pain, lasting 2 months. Diagnostic studies reviewed include MRI of the lumbar spine dated 04/01/2013 revealed mild scoliosis convex right. Progress report dated 06/12/2014 states the patient presented with complaints of pain in his right arm, back and legs. He reported feeling popping sensations with internal rotation. He noted that he has a right foot drag. He reported his pain as 7-8/10 with medications and his function is limited to 15 minutes of sitting and 5-10 minutes of standing. On exam, he has limited flexion to knees and crawls up his legs to get upright. He has pain at the upper of his scar from his fusion at about T12. He has clawing of toes on the right with atrophy of the dorsal muscle on the right. He is diagnosed with left foot pain, failed low back surgery, cervical degenerative disk disease with changes at C5, chronic strain, chronic pain with neuropathic component. He has been recommended to continue Norco 10/325 mg #60 with 1 refill and lumbar epidural steroid injection as the S1 area has not been addressed in the past. Prior utilization review dated 06/27/2014 states the request for Norco 10/325mg #60 with 1 refill is modified to certify Norco 10/325 mg #60 with no refill; and Lumbar ESI (epidural steroid injection) 2-level at L5 and S1 is modified to certify lumbar epidural steroid injection 2-level at L5 and S1 on the right only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Efficacy of long-term opioid use for the treatment of chronic back pain is not clearly established. In this case a request is made for Norco for a 59-year-old male with chronic low back pain and radiculopathy status post L5-S1 fusion. However, medical records do not demonstrate clinically significant functional improvement, including reduction in dependency on medical care from long-term use of Norco. Medical necessity is not established.

Lumbar ESI (epidural steroid injection) 2-level at L5 and S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low back, epidural steroid injection

Decision rationale: According to MTUS guidelines, lumbar epidural steroid injection is "recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts.." This is a request for lumbar epidural steroid injection at L5-S1 for a 59-year-old male with chronic low back pain along with symptoms, findings and diagnostics indicative of bilateral radiculopathy. Prior injections have resulted in greater than 50% pain reduction and marginal functional improvement. Medical necessity is established at this time.