

Case Number:	CM14-0014638		
Date Assigned:	02/28/2014	Date of Injury:	09/06/2002
Decision Date:	08/04/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 Tennessee. 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 66-year-old male who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, post-laminectomy syndrome, lumbosacral spondylosis without myelopathy, sacroiliitis, brachial neuritis or radiculitis, and depressive disorder; associated with an industrial injury date of 09/06/2002. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 9/10, radiating into the bilateral lower extremity and feet. The physical examination showed tenderness over the thoracic and lumbar facets, associated with spasms. Straight leg raise was positive bilaterally. Range of motion was limited. Deep Tendon Reflexes (DTRs) were decreased bilaterally at the ankles. Motor testing showed weakness of the bilateral lower extremities. Sensation was decreased over the bilateral L5 distribution. An MRI of the lumbar spine, dated 10/25/2013, showed no evidence of neural foraminal narrowing. Treatment to date has included medications, functional restoration program, spinal cord stimulator, and anterior L5-S1 spinal fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION BILATERALLY AT L5: Upheld

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 injection Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment 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. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications, physical therapy, and surgery. The patient has had one previous ESI on 01/19/2014 noting minimal improvement, as stated on a progress report dated 01/22/2014. The physical examination showed numbness over the L5 distribution, and weakness and hyporeflexia of the bilateral ankles. The straight leg raise was positive bilaterally. However, an MRI of the lumbar spine, dated 10/25/2013, showed no evidence of neural foraminal narrowing. Furthermore, there was no discussion regarding percent pain relief, reduction of medication intake, or functional improvement from the previous ESI. The criteria for ESI have not been met. Therefore, the request for transforaminal lumbar epidural steroid injection bilaterally at L5 is not medically necessary.

KADIAN 30MG #90: 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): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment 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, the patient has been prescribed Kadian since at least May 2013. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Kadian 30mg #90 is not medically necessary.

NORCO 10/325MG #120: 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): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment 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, the patient has been prescribed Norco since at least May 2013. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #120 is not medically necessary.