

Case Number:	CM14-0017415		
Date Assigned:	04/14/2014	Date of Injury:	03/08/1994
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 46-year-old female who reported an injury on 01/01/1993. The mechanism of injury was not provided. The diagnoses included failed back surgery syndrome, lumbar radiculopathy and chronic pain, other. The injured worker's medication history included Lyrica as of 2011 and Percocet as of 2012. The documentation of 01/06/2014 revealed that the injured worker had a caudal epidural steroid infusion on the left at L4-S1 on 11/15/2013. The injured worker reported good 50% to 80% overall relief, and the duration of improvement was 6 weeks. The injured worker reported that the use of opioid pain medications was helpful. The injured worker had functional improvement as a result of the above therapy, including the ability to attend church, brush teeth, comb and wash hair, dressing, reading, sitting, sleeping in a bed instead of a chair and talking on the phone. Physical examination revealed that on the sensory examination, the injured worker had decreased sensitivity to touch along the L4-S1 dermatomes in both lower extremities. The range of motion of the lumbar spine was limited secondary to pain. The injured worker had a straight leg raise in the seated position that was positive bilaterally at 70 degrees. The treatment plan included a caudal epidural steroid injection and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 5-325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommends opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain as well as documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for more than 1 year. There was a lack of documentation of the above criteria. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325 mg #60 is not medically necessary.

CAUDAL EPIDURAL STEROID INJECTION LEFT L4-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 Page(s): 46.

Decision rationale: The California MTUS Guidelines recommends a repeat epidural steroid injection when there is objective documented pain relief and objective functional improvement, including at least 50% pain relief with an associated medication reduction for 6 to 8 weeks. The clinical documentation submitted for review indicated that the injured worker had a prior caudal epidural steroid injection and had relief of 50% to 80% for 6 weeks. However, there was a lack of documentation indicating that the injured worker had a reduction of pain medication use, and had documented objective functional improvement with the injection. Additionally, the injured worker had objective findings bilaterally. The injured worker had a positive straight leg raise. However, there was a lack of documentation indicating that the injured worker had radiating pain. Given the above, the request for a caudal epidural steroid injection to left L4-S1 is not medically necessary.

LYRICA 75MG #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS) Antiepilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommends antiepileptic medications as a first-line treatment for neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted

for review indicated that the injured worker had been utilizing the medication for more than 2 years. There was a lack of documentation of an objective decrease in pain. There was documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the necessity for 1 refill without re-evaluation. Given the above, the request for Lyrica 75 mg #60 with 1 refill is not medically necessary.