

Case Number:	CM14-0119434		
Date Assigned:	08/06/2014	Date of Injury:	08/08/2002
Decision Date:	09/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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 44-year-old-male, who sustained an industrial injury on 08/08/02 when the vehicle that he was driving blew a tire. He went off the road and the vehicle flipped, sustaining head, neck, and spine injuries. He complains of constant left side low back pain, described as aching and moderate in intensity with numbness in the left side. Standing or sitting for long periods of time, bending and twisting are particularly aggravating, but improved with rest and medication. He is S/P (status post) right L4-L5 laminectomy with lateral recess decompression with discectomy. On 03/20/13, L/S (lumbar spine) x-rays showed S/P fusion from L2-L4 with stable hardware and incorporation of the L2-3 and L3-4 disc grafts, mild increase in degenerative changes at L4-5 and L5-S1. On examination, neck exam revealed full range of motion, mild muscular tenderness mild spasm noted. Back exam with full range of motion of all joints. He can forward flex about 60 degrees, hyperextend 20 degrees, left and right lateral bend 20 degrees, and left and right lateral twisting 15 degrees. Neurologic exam: Gait was grossly normal; Achilles and knee-jerk reflexes equal and normal. SLR (straight leg raise) was vaguely positive around 80 degrees bilaterally. Sensation was normal to lower extremities. Current medications: Norco. Diagnoses are L2-4 fusion by history with instrumentation, anterior and posterior incisions 6/10/03 and 6/18/03 respectively, neck pain (with focal disk protrusion at right C3-4 and left C5-6) and headache. UR determination for L4-L5 lumbar epidural steroid injection was non-certified; request for Norco 10/325 #150 was modified to 1 prescription of Norco 10/325mg # 85.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 lumbar epidural steroid injection: 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 injection Page(s): 46.

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clear evidence of neurological deficits on the exam. There is no imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy. Therefore, the medical necessity of the request for ESI is not established.

Norco 10/325 # 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 91, 74.

Decision rationale: Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; 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 medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for hydrocodone has not been established based on guidelines and lack of documentation.

