

Case Number:	CM14-0132381		
Date Assigned:	08/22/2014	Date of Injury:	07/03/2013
Decision Date:	10/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/19/2014

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 Texas. 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 43-year-old male smoker who reported an injury due to attempting heavy lifting while bending over on 07/03/2013. On 07/08/2014, his diagnoses included lumbar disc displacement at L4-5 with chronic L5 radiculitis and lumbar discogenic pain. His medications included gabapentin 300 mg and Norco 10/325 mg. His complaints included low backache, sharp pain over the tailbone, and a burning pain down the left lower extremity. Since he had started taking gabapentin, he noted that the burning pain had decreased in his left lower extremity. His treatment plan noted that he had previously been approved for a lumbar epidural spinal injection but it was not done because he was unable to connect with a provider in the proper network. It was therefore requested that he should be approved for a lumbar epidural injection to determine if this will help with the management of his lumbar radiculitis. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural spinal injection, lumbar QTY: 1: 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 Injections Page(s): 46.

Decision rationale: The request for an epidural spinal injection (lumbar) quantity 1 is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. They can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairments of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Also, the injections should be performed using fluoroscopy for guidance. There was no evidence in the submitted documentation of failed trials of exercise or physical methods including acupuncture or chiropractic treatments, NSAIDs, or muscle relaxants. Additionally, the request did not include fluoroscopy for guidance. Furthermore, the spinal level was not identified in the request. Therefore, this request for an epidural spinal injection (lumbar) quantity 1 is not medically necessary.

Hydrocodone 5/325 mg (unspecified quantity): 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): 74-95.

Decision rationale: The request for Hydrocodone 5/325 mg (unspecified quantity) is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain after taking the opioid. In most cases, analgesic treatment should begin with Acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. It was noted that this injured worker did receive beneficial analgesia with a trial of Gabapentin. There was no documentation submitted regarding appropriate long term monitoring/evaluation including side effects; failed trials of NSAIDs, aspirin, or antidepressants; quantified efficacy; or drug screens. Additionally, there was no quantity or frequency of administration specified. Therefore, this request for Hydrocodone 5/325 mg (unspecified quantity) is not medically necessary.