

Case Number:	CM14-0134360		
Date Assigned:	08/27/2014	Date of Injury:	05/12/1997
Decision Date:	10/10/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee is a 62 year old male who had sustained an injury on 05/12/1997. He was being treated for lumbar disc disease and radiculopathy. He also had bipolar disorder, ADHD and PTSD. His prior treatment included epidural steroid injections in December 2013 and a second epidural steroid injection in February 2014. The progress note from 06/19/14 was reviewed. He complained of low back pain radiating to bilateral legs into the feet with numbness and tingling. He rated his pain at 6-7/10. He described the pain as dull and achy. His medications included Ritalin, Lithium, Zyprexa, Norco, Soma and Lexapro. Pertinent examination findings included antalgic gait on the left, diffuse tenderness and spasm noted over the lumbar paraspinous muscles, severe facet tenderness noted along the L3 through S1 levels, bilateral positive sacroiliac tenderness, positive Fabere's test, positive seated straight leg raising bilaterally and positive Yeoman's test. There was decreased sensation along the L3 and L4 dermatomes on the right and decreased distal muscle strength on left. The diagnoses include lumbar sprain/strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, neuropathy of the left foot and status post open reduction and internal fixation. He had bilateral L3-L4 and L4-L5 transforaminal epidural injection on February 13, 2014. He reported 50% improvement for approximately five to six weeks. He was able to bend and stoop with greater ease and engage in activities of daily living with less pain. He also was able to fall asleep and stay asleep without interruptions. The EMG/NCV of bilateral lower extremities showed bilateral L5 radiculopathy and peripheral neuropathy. MRI of lumbar spine on 11/20/13 showed diffuse disc dessication of the lumbar spine with scattered degenerative changes noted with mild to moderate foraminal narrowing at L3-L4 and L4-L5. He was doing well with daily exercise routines and current medications. The plan of care included bilateral L3-L4 and L4-L5 transforaminal epidural injections. He had failed conservative treatment including drug therapy,

activity modification and physical therapy. The patient was provided with a refill of Norco 10/325mg every 4-6 hours #120 and Soma 350mg TID #90. He also had urine toxicology testing. His prior urine drug screen was positive for Oxymorphone and Oxycodone which was inconsistent with his medications. He was started on Soma on 04/10/14 for spasms. In the note from 04/10/14, he was noted to have 60% to 70% relief of his pain with the last epidural steroid injection. He was able to walk longer distances with only slight discomfort, but was unable to decrease his intake of his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral L3-5 Transforaminal Epidural Steroid Injection: 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): 45.

Decision rationale: The employee was a 62 year old male who was being treated for lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. He was being treated with 2 epidural steroid injections and medications. His MRI and EDS were suggestive of radiculopathy. But the last epidural steroid injection only provided 50% relief of pain for 5 to 6 weeks. He was unable to decrease the medication use as a result of the injection. According to MTUS guidelines, the criteria for repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including atleast a 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. As the improvement only lasted for 5 to 6 weeks and since there was no reduction in medication usage, the request for repeat bilateral L3-L5 transformaminal epidural steroid injections is not medically necessary and appropriate.

1 Prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The employee was a 62 year old male who was being treated for lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. He was being treated with 2 epidural steroid injections and medications. His MRI and EDS were suggestive of radiculopathy. He was noted to have inconsistent urine drug screen in April 2014 and June 2014 with hydromorphone detected in urine. The pain level was 6-7/10 and had no documentation on functional improvement. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain

relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Norco PO. There is no documentation of improvement in pain on a numerical scale or improvement of functional status with the medications. In addition, there was inconsistent urine drug screen with underlying bipolar disorder. Given the lack of clear documentation on functional improvement and possible aberrant behavior without further clarification, the criteria for continued use of Norco have not been met. The request for Norco 10/325mg #120 is not medically necessary or appropriate.

1 Prescription of Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: The employee was a 62 year old male who was being treated for lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. He was being treated with 2 epidural steroid injections and medications. His MRI and EDS were suggestive of radiculopathy. He had been on Soma since April 2014 for spasms. Carisoprodol or Soma is an antispasmodic that is used to decrease muscle spasms. MTUS guidelines recommend using this agent for no longer than 2 to 3 week period due to drowsiness, psychological and physical dependence and withdrawal symptoms. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. In this case, the employee has been on it for long term control of spasms and hence the medical necessity for Soma is not met. The request for Soma is not medically necessary or appropriate.

1 Urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

Decision rationale: The employee was a 62 year old male who was being treated for lumbar radiculopathy, lumbar facet syndrome and bilateral sacroiliac joint arthropathy. He was being treated with 2 epidural steroid injections and medications. His MRI and EDS were suggestive of radiculopathy. He was noted to have inconsistent urine drug screen in April 2014 with hydromorphone detected in urine. He also had bipolar disorder and ADHD. The request was for urine drug testing. The MTUS guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The ACOEM guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as "for cause" like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. In this case, the employee had

inconsistent urine drug screen in April 2014, necessitating a follow up urine drug testing. The request for urine drug testing is medically necessary and appropriate.