

Case Number:	CM14-0138893		
Date Assigned:	09/05/2014	Date of Injury:	09/03/2013
Decision Date:	12/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/27/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 41-year-old male with lower back and right leg pain with difficulty walking, and anxiety with severe pain. The date of injury is 09/03/13 and the mechanism of injury was not documented. At the time of request for Lumbar epidural steroid injection and Retrospective review Norco 10/325mg Qty. 120, there are subjective complaints as per the report of 07/29/14 (radiation of right leg pain down to ankle, which has increased over the last three weeks and not been able to control with Norco and amitriptyline, and he cannot put his shoes on because of the right leg pain.), objective (anteflexion of the trunk on the pelvis allows 30 degrees of flexion, extension was 0 degrees, rotation to the left and right was 10 degrees, paralumbar tenderness from L1 through S1, right greater than left, sacroiliac tenderness, positive SLR at 30 degrees on the right), findings, imaging/other findings (chronic lumbar back pain with spinal stenosis noted on the lumbar MRI dated 10/29/13.), current medications (Norco and amitriptyline), diagnoses (chronic lumbar back pain with spinal stenosis with increased symptoms, chronic right leg radicular symptoms), treatment to date (oral medication, modified duty, physical therapy, and walking cane. He has been taking Norco since at least January 2014.)The request for Lumbar epidural steroid injection and Retrospective review Norco 10/325mg Qty. 120 was denied on 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: Per guidelines, epidural steroid injection is recommended as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. 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. Criteria for the use of Epidural steroid injections 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). There is no documentation of even requesting an epidural therefore input from the requesting physician is absent. Based on the information provided and the request for a lumbar epidural steroid injection with no specific level requested, the medical necessity for the request for Lumbar epidural steroid injection cannot be established based on the guidelines and submitted clinical information.

Retrospective review Norco 10/325mg Qty. 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines See Opioids for general guidelines, as well as specific, Hydrocodo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

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 nonadherent) 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)." In this case, there is no documentation of any type of follow up to opioid pharmacotherapy i.e. opioid medication agreement from one prescriber (there appears to be multiple prescribers evident in the records provided), urine drug testing, treatment evaluation, record of negative/positive findings of drug misuse/aberrant behavior. Therefore, the request for Norco 10/325 #120 is not medically necessary.

