MAXIMUS Federal Services

Case Number:	CM14-0152544		
Date Assigned:	09/22/2014	Date of Injury:	05/22/2007
Decision Date:	10/21/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/18/2014

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:

This is a 53-year-old female with a 5/22/07 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/22/14, the patient complained of increased lower backache rated as an 8 with medications and a 9 without medications. The provider is requesting a right-sided lumbar epidural steroid injection at L2-L3. The patient continues to have lower back pain radiating to her groin area, right greater than left. A previous Lumbar epidural steroid injection left L2-L3 on 12/10/13 provided her good relief, 30% for 3 months. Objective findings: restricted range of motion of lumbar spine, tenderness to palpation of lumbar paravertebral muscles, tenderness noted over right SI joint, light touch sensation decreased over index finger, middle finger, anterior thigh lateral forearm the L4, L5, and S1 lower extremity dermatome(s) on the left side. Diagnostic impression: lumbar facet syndrome, spinal/lumbar degenerative disc disease, cervical radiculopathy, cervical disc disorder. Treatment to date: medication management, activity modification, physical therapy, multiple epidural steroid injections. A UR decision dated 9/6/14 denied the request for lumbar ESI and modified the request for Methadone from 90 tablets to 10 tablets for weaning purposes. As per the 8/25/14 progress report, the provider is requesting a right-sided epidural injection at L2-L3, however, there is no documented objective evidence of nerve root irritation at that side and level. Regarding methadone, this has been prescribed since at least November of 2013 with no clear documented evidence of any significant subjective, objective, or functional improvement resulting from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Lumbar Right L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Low Back Complaints, Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. There is also no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. There are no objective findings suggestive of nerve root pathology at the L2-L3 level. Therefore, the request for Epidural Steroid Injection Lumbar Right L2-L3 was not medically necessary.

Methadone HCL 10mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: CA MTUS guidelines state that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. According to the reports reviewed, there is no documentation that the patient has had a trial and failed a first-line opioid medication. In addition, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Methadone HCL 10mg #10 was not medically necessary.