

Case Number:	CM14-0158133		
Date Assigned:	10/01/2014	Date of Injury:	03/08/2014
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 60-year-old mechanic sustained an injury on March 8, 2014 when carrying an exhaust system down from a car while employed by [REDACTED]. Request(s) under consideration include Norco #120 and LESI RIGHT L5-S1. Diagnoses include Thoracic sprain/strain; lumbosacral strain; pre-existing neck pain treated by chiropractor; and myofascial pain syndrome with possible fibromyalgia. MRI of cervical spine on May 15, 2014 showed disc bulge at C6-7 without canal or neural foraminal stenosis. Lumbar spine MRI dated September 3, 2014 showed L5-S1 spondylosis, spurring, mild neural foraminal narrowing not displacing S1 nerve roots; L4-5 with disc/osteophyte complex with facet disease with mild central and foraminal narrowing; and annular bulge at L3-4 without nerve root displacement. Conservative care has included medications, therapy, and modified activities/rest. Medications list muscle relaxant, opioids, oral corticosteroids, and NSAIDs (non-steroidal anti-inflammatory drugs). Report of August 27, 2014 from the provider noted patient with good relief of leg symptoms from epidural steroid injection; however, still with pain radiating into the back with associated numbness and tingling. Exam showed mildly tender lumbar spine; and limited range with flex/ext of 45/10 degrees. The request(s) for Norco #120 and LESI RIGHT L5-S1 were non-certified on September 16, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 74-96.

Decision rationale: This 60-year-old mechanic sustained an injury on March 8, 2014 when carrying an exhaust system down from a car while employed by [REDACTED]. Request(s) under consideration include Norco #120 and LESI RIGHT L5-S1. Diagnoses include Thoracic sprain/strain; lumbosacral strain; pre-existing neck pain treated by chiropractor; and myofascial pain syndrome with possible fibromyalgia. MRI of cervical spine on May 15, 2014 showed disc bulge at C6-7 without canal or neural foraminal stenosis. Lumbar spine MRI dated September 3, 2014 showed L5-S1 spondylosis, spurring, mild neural foraminal narrowing not displacing S1 nerve roots; L4-5 with disc/osteophyte complex with facet disease with mild central and foraminal narrowing; and annular bulge at L3-4 without nerve root displacement. Conservative care has included medications, therapy, and modified activities/rest. Medications list muscle relaxant, opioids, oral corticosteroids, and NSAID. Report of August 27, 2014 from the provider noted patient with good relief of leg symptoms from epidural steroid injection; however, still with pain radiating into the back with associated numbness and tingling. Exam showed mildly tender lumbar spine; and limited range with flex/ext of 45/10 degrees. The request(s) for Norco #120 and LESI RIGHT L5-S1 were non-certified on September 16, 2014. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Norco, 120 count, is not medically necessary or appropriate.

Lumbar epidural steroid injections (LESI) for the right L5-S1: 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 (ESIs) Page(s): 46.

Decision rationale: This 60-year-old mechanic sustained an injury on March 8, 2014 when carrying an exhaust system down from a car while employed by [REDACTED]. Request(s) under consideration include Norco #120 and LESI RIGHT L5-S1. Diagnoses include Thoracic sprain/strain; lumbosacral strain; pre-existing neck pain treated by chiropractor; and myofascial pain syndrome with possible fibromyalgia. MRI of cervical spine on May 15, 2014 showed disc bulge at C6-7 without canal or neural foraminal stenosis. Lumbar spine MRI dated September 3, 2014 showed L5-S1 spondylosis, spurring, mild neural foraminal narrowing not displacing S1 nerve roots; L4-5 with disc/osteophyte complex with facet disease with mild central and foraminal narrowing; and annular bulge at L3-4 without nerve root displacement. Conservative care has included medications, therapy, and modified activities/rest. Medications list muscle relaxant, opioids, oral corticosteroids, and NSAID. Report of August 27, 2014 from the provider noted patient with good relief of leg symptoms from epidural steroid injection; however, still with pain radiating into the back with associated numbness and tingling. Exam showed mildly tender lumbar spine; and limited range with flex/ext of 45/10 degrees. The request(s) for Norco #120 and LESI right L5-S1 were non-certified on September 16, 2014. The Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms; however, the clinical findings was without neurological deficits and to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Submitted reports identified no response or improvement from the LESI done as the patient has unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The request for a LESI on the right L5-S1 is not medically necessary or appropriate.