MAXIMUS Federal Services

Case Number:	CM14-0178113		
Date Assigned:	10/31/2014	Date of Injury:	11/06/1996
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine 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:

The claimant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 6, 1996. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; multiple lumbar spine surgeries; an incisional hernia repair surgery; opioid therapy; unspecified amounts of physical therapy over the course of the claim; and earlier lumbar laminectomy surgery. In a Utilization Review Report dated September 30, 2014, the claims administrator failed to approve a request for Oxycodone and a trigger point injection. The applicant's attorney subsequently appealed. In a procedure note dated October 17, 2014, the applicant received an intraspinal morphine test dose with associated fluoroscopy and myelogram. In a progress note dated September 12, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral legs. The applicant was given a diagnosis of failed back syndrome. The applicant reported 10/10 pain without medications versus 6/10 to 8-9/10 with medications. The attending provider then stated that the applicant's medications were allowing the applicant to move about. This was not elaborated or expounded upon. The applicant did have comorbid diabetes. The applicant's medication list included Oxycodone, Norco, Potassium, Metformin, and various forms of Insulin. It was acknowledged that the applicant was not working and had been deemed "disabled." Multiple medications were refilled. Permanent work restrictions which were apparently keeping the applicant off of work, apparently renewed. In an earlier note dated August 15, 2014, the attending provider noted that the applicant's low back and bilateral leg complaints were worsening. The applicant also had ancillary complaints of headaches, neck pain, and shoulder pain, all of which were also worsened. 10/10 pain without medications versus 6-8/10 pain with medications was appreciated. The applicant was reportedly using Oxycodone, Norco, Medrol, Potassium, and Insulin; it was noted at this point in time.

Permanent work restrictions were noted. The attending provider stated that the applicant might be a candidate for an intrathecal pain pump.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone HCL 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed stable, his treating provider has acknowledged. While the applicant is reporting some reduction in pain scores from 10/10 with medications to 6 to 8.5/10 without medications, this appears to be of minimal-to-marginal benefit, one of which is seemingly outweighed by the applicant's failure to return to any form of work, the fact that the that the applicant has been disabled, and the attending provider has failed to outline any meaningful improvements in function achieved as a result of ongoing Oxycodone usage. Therefore, the request is not medically necessary.

1 Trigger Point Injection at the Left Lumbar Paraspinals: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain, as is present here. The applicant is consistently described as reporting worsening low back pain radiating to the bilateral legs on multiple office visits, referenced above. The applicant is status post lumbar spine surgery for presumed radicular pain. Trigger point injections do not appear to be indicated in the lumbar radiculitis context present here. Therefore, the request is not medically necessary.