

Case Number:	CM14-0178649		
Date Assigned:	11/03/2014	Date of Injury:	10/18/2002
Decision Date:	12/22/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 injured worker is a 50 year old male with a date of injury as 10/18/2002. The worker was injured while using a jackhammer. The current diagnoses include chronic intractable pain syndrome, lumbar radiculopathy, degenerative disc disease lumbar spine, chronic low back pain, post-laminectomy syndrome cervical region, arthrodesis status post C3-C4 fusion in 1995 and C4-C5 fusion in 2003. Previous treatments include multiple medications, chiropractic treatments, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), home exercises, heat and cold therapy, transforaminal epidural/selective nerve blocks, X-rays, electromyogram, Magnetic Resonance Imaging (MRI) in 2002, 2003, 2004, and 2007. The documentation submitted included multiple primary treating physicians' reports dated 01/21/2014 through 10/13/2014. The most recent primary treating physicians report dated 10/13/2014 indicated that the injured worker presented with complaints which included back, leg, neck, hand pain/numbness. The injured worker stated that there has been no change in the back pain and radicular pain which remains elevated. He continues to perform home chores, such as dishes, weed abatement, and watering his grapes. He is going to the local health club and exercising on an elliptical machine. It was further documented that his medication regimen allows him to be able to perform home chores and other activities. The physician noted that the injured worker had 70% pain relief for 6 months following the transforaminal epidural/selective nerve blocks performed in January of 2012. Physical examination revealed stiffness/tenderness, antalgic gait due to pain, and decreased Range of Motion (ROM). Review of the documentation submitted shows that the injured worker has been maintained on the same medication regimen with no changes to dosage, frequency, or pain level since 01/21/2014. The injured workers' work status is noted to be permanent and stationary. The utilization review performed on 09/30/2014 non-certified a prescription for 2 lumbar transforaminal epidural steroid injection/selective nerve root blocks L3

and L4, right followed 1 week later by left, Imitrex, MS Contin, Norco, and Soma based on medical necessity, the California MTUS, ACOEM Guidelines, and Official Disability Guidelines were referenced for this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 lumbar transforaminal epidural steroid injection/selective nerve root blocks L3 and L4, right followed 1 week later by left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section Page(s): 46.

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The requesting physician reports that ESI done in January 2012 resulted in 70% pain relief for 6 months, however, none of these records are provided for review. There is also no mention of medication reduction following the ESI or functional improvement. The claims administrator also reports that selective nerve blocks were performed 3/2011, 9/2011, 1/2012, and 12/2013. Medical records from 2014 are available for review and there is no indication of functional change or change in medications during this time. Diagnostic blocks are not indicated if they were done previously. Medical necessity for the use of repeat epidural steroid injections has not been established within the recommendations of the MTUS Guidelines. The request for 2 lumbar transforaminal epidural steroid injection/selective nerve root blocks L3 and L4, right followed 1 week later by left is determined to not be medically necessary.

Imitrex 50 mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Triptans section

Decision rationale: The MTUS Guidelines do not address the use of triptans such as Imitrex. The ODG recommends the use of triptans for migraine sufferers. The clinical notes indicate that the prescription is for migraines; however, there are no diagnoses of migraines, reported active problem list that includes migraines, and no assessment of migraines. History of Imitrex use and effectiveness is not addressed. Medical necessity of this request has not been established. The request for Imitrex 50 mg #9 is determined to not be medically necessary.

MS Contin 100 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95,124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is being treated chronically with MS Contin with stable dosing. There is no evidence of functional improvement with the use of MS Contin. There have been multiple utilization reviews that have not certified MS Contin and recommended weaning. The total morphine equivalent dose (MED) of 360 mg per day, well in excess of the recommended ceiling of 120 mg per day. Medical necessity of continued MS Contin use has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for MS Contin 100 mg #90 is determined to not be medically necessary.

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95,124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is being treated chronically with Norco with stable dosing. There is no evidence of functional improvement with the use of Norco. There have been multiple utilization reviews that have not certified Norco and recommended weaning. The total morphine equivalent dose (MED) of 360 mg per day, well in excess of the recommended ceiling of 120 mg per day.

Medical necessity of continued Norco use has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #180 is determined to not be medically necessary.

Soma 350 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Weaning of Medications Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. The request for Soma 350 mg #60 is determined to not be medically necessary.