MAXIMUS Federal Services

Case Number:	CM14-0182428		
Date Assigned:	11/07/2014	Date of Injury:	01/24/2011
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine, 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 patient is a 37 year old female with an injury date of 01/24/11. Per the 10/29/14 report by [redacted], the patient presents with L5 pain in the buttock on the left with radiation into the posterolateral thigh and leg with numbness and burning pain and with some pain in the right buttock. Pain is 80% left, 20% right. This report does not state if the patient is working, prior reports state that she is not. Examination reveals decreased sensation to light touch in the left L5 dermatomal pattern with severely positive straight leg raise on the left with moderate buttock and thigh pain on the right. The patient's diagnosis is Left L5 radiculopathy with history or prior lumbar decompression x 2.Medications are listed as Norco, MsContin, and Lyrica. The rationale regarding Medrol is that Medrol oral corticosteroids are not recommended by ACOEM and ODG for low back pain. The utilization review being challenged is dated 10/15/14. Reports were provided from 05/02/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain) and Medrol Dose Pack

Decision rationale: The patient presents with lower back pain with radiation to the left thigh and leg with burning and numbness along with some pain in the right buttock. The treater requests for: MEDROL DOSE PACK.ODG guidelines, Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain) and Medrol Dose Pack states, "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication." Criteria for use include: Patient should have clear cut signs and symptoms of radiculopathy; Risks of steroids should be discussed with the patient and documented; Patient should be aware that research provided limited evidence of effect; Current research indicates early treatments most successful.In this case, the patient does present with symptom of radicular pain: "lower back pain" on the left radiating to the "thigh and leg" with "numbness and burning" with "positive straight leg raise on the left" with "decreased sensation to light touch in the L5 dermatomal pattern". The treater states this pain is "persistent." On 10/29/14 the treater does discuss risks and benefits of corticosteroid injections, but not oral corticosteroids. There is no evidence of discussion with the patient regarding research findings as required by ODG or early treatment. Recommendation is for denial.

90 Tablets of Norco 10-325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: The patient presents with lower back pain with radiation to the left thigh and leg with burning and numbness along with some pain in the right buttock. The treater requests for: 90 TABLETS OF NORCO 10-325 mg (Hydrocodone an opioid). The reports show the patient has been taking this medication since at least 04/22/14.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided show routine assessment of the patient's pain through the use of pain scales. Pain is rated 7/10 on 05/22/14; Average 7/10, with medications 7/10 and without medications 10/10 on 06/02/14; Average 8/10, with 8/10, without 10/10 on 08/07/14; Average 8/10, with 8/10, without 10/10 on 09/04/14 and Average 9/10, with 9/10 and without 10/10 on 10/09/14. The 08/07/14 report states the patient is able to perform the Daily Activities of bathing, dressing, and toileting on her own. The 05/07/14 Medication Log shows that the patient's pain is reduced by an unknown amount and that self-care, walking and sitting are improved by taking Norco. However, opiate management issues are not discussed. Urine

toxicology reports are not provided or documented, and there is no discussion of CURES, adverse side effects or aberrant behavior. Outcome measures are partially provided per the pain scales provided above. Furthermore, an increase in pain from 7/10 to 9/10 does not appear to warrant continued use of long-term opiates. Recommendation is for denial.

90 Tablets of MS Contin 15 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: The patient presents with lower back pain with radiation to the left thigh and leg with burning and numbness along with some pain in the right buttock. The treater requests for: 90 TABLETS OF MS CONTIN 15 mg (Morphine Sulfate).MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided show routine assessment of the patient pain through the use of pain scales. Pain is rated 7/10 on 05/22/14; Average 7/10, with medications 7/10 and without medications 10/10 on 06/02/14; Average 8/10, with 8/10, without 10/10 on 08/07/14; Average 8/10, with 8/10, without 10/10 on 09/04/14 and Average 9/10, with 9/10 and without 10/10 on 10/09/14. The 08/07/14 report states the patient is able to perform the Daily Activities of bathing, dressing, and toileting on her own. The 05/07/14 Medication Log shows that the patient's pain is reduced by an unknown amount and that self-care, walking and sitting are improved by taking MS Contin. However, opiate management issues are not discussed. Urine toxicology reports are not provided or documented, and there is no discussion of CURES, adverse side effects or aberrant behavior. Outcome measures are partially provided per the pain scales provided above. Furthermore, an increase in pain from 7/10 to 9/10 does not appear to warrant continued use of long-term opiates. Recommendation is for denial.