

Case Number:	CM14-0184701		
Date Assigned:	11/12/2014	Date of Injury:	03/10/1999
Decision Date:	12/30/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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:

Patient is a 43 year-old female with date of injury 03/10/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/23/2014, lists subjective complaints as pain in the low back. It was noted by the provider that the patient has had multiple epidural steroid injections as well as trigger point injections, but the exact number or dates of injections were not given. Objective findings: Examination of the lumbar spine revealed signs of facet loading and bilateral paraspinous muscle spasms. Sensory examination was normal. No other physical examination findings were documented by the provider. Diagnosis: 1. Spondylosis, lumbar 2. Lumbago. Original reviewer modified medication request to Nucynta 75mg, #54 for weaning purposes. The medical records supplied for review document that the patient was first prescribed Nucynta 75mg, #60 SIG: 1 tablet po 30 days on 10/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection (tailbone) Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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, with a general recommendation of no more than 4 blocks per region per year. There is no documentation of the above criteria. Caudal Epidural Steroid Injection (tailbone) Quantity: 1 is not medically necessary.

Fluoroscopic Guidance Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: This request is associated with the caudal epidural steroid injection which has been denied. Fluoroscopic Guidance Quantity: 1 is not medically necessary.

Moderate Sedation Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines ODG

Decision rationale: This request is associated with the caudal epidural steroid injection which has been denied. Moderate Sedation Quantity: 1 is not medically necessary.

Nucynta 75mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

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

Decision rationale: According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line Opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to the current medication regimen. Nucynta 75mg Quantity: 60 are not medically necessary.

