

Case Number:	CM14-0025525		
Date Assigned:	06/13/2014	Date of Injury:	03/07/2012
Decision Date:	08/08/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

64y/o male injured worker with date of injury 3/7/12 with related low back pain. Per progress report dated 5/29/14, it was noted "There is no evidence of radiculopathy at this point in time and his pain level is consistent with the previous findings." MRI of the lumbar spine dated 3/16/12 revealed evidence of diffuse disc disease and foraminal stenosis and disc bulge including eccentric bulge and protrusion at the T12-L1 level and protrusion into the foramen at the L3-L4 level as well as L5-S1 foramen. The documentation submitted for review does not state whether physical therapy was utilized. He has been treated with lumbar epidural steroid injections (5/11/12, 6/1/12, 8/8/12), and medication management. The date of UR decision was 2/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG QTY 720.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing

monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveal no documentation to support the medical necessity of Percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity and were present in the form of UDS. UDS dated 9/2013 was consistent with prescribed medications. However, there was no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity and were present in the form of UDS. UDS dated 9/2013 was consistent with prescribed medications. However, there was no documentation comprehensively addressing the aforementioned concerns in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

RIGHT TRANSFORAMINAL EPIDURAL STEROID INJECTION L3: Upheld

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The documentation submitted for review does not contain physical exam findings of radiculopathy. Per progress report dated 5/29/14, it was noted There is no evidence of radiculopathy at this point in time and his pain level is consistent with the previous findings. MRI study dated 3/16/12 noted only light protrusion into the foramen at the L3-L4 level. As radiculopathy was not present by physical exam, the request is not medically necessary.

RIGHT TRANSFORAMINAL EPIDURAL STEROID INJECTION L5: Upheld

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

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The documentation submitted for review does not contain physical exam findings of radiculopathy. Per progress report dated 5/29/14, it was noted There is no evidence of radiculopathy at this point in time and his pain level is consistent with the previous findings. MRI study dated 3/16/12 noted only light protrusion into the foramen at the L3-L4 level. No findings were noted at the L5 level. As radiculopathy was not present by physical exam or imaging/electrodiagnostic study, the request is not medically necessary.