

Case Number:	CM14-0025912		
Date Assigned:	06/13/2014	Date of Injury:	03/06/2000
Decision Date:	07/15/2014	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of March 6, 2000. A utilization review determination dated February 20, 2014 recommends modified certification of OxyContin. Modified certification was recommended to due to lack of documentation of functional improvement or pain level reduction as a result of OxyContin. Non-certification is recommended for a lumbar epidural steroid injection at L3-S1. A progress report dated December 4, 2014 identifies subjective complaints of continued pain in the right lumbar spine. The note indicates that there are no side effects from the medication. The pain is rated as 6/10 with medication. Currently prescribed medications include OxyContin 15 mg 3 times a day. Physical examination findings reveal decreased extension, rotation, and lateral bending in the cervical spine. The thoracic spine and lumbar spine have tenderness at the facet joints. The physical examination reveals normal strength in the lower extremities. Diagnoses include low back pain, cervical pain, and myofascial pain. The treatment plan recommends continuing with the medications and requesting a lumbar epidural steroid injection. An operative report dated July 1, 2013 indicates that a left S1 transforaminal epidural steroid injection was performed. A progress report dated July 24, 2013 indicates that the patient had a recent lumbar epidural steroid injection which "really help with radiating leg pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 15MG #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 Page(s): 76-79, 120.

Decision rationale: Regarding the request for oxycontin, California Pain Medical Treatment Guidelines state that oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the oxycontin is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), and no discussion regarding aberrant. In the absence of such documentation, the currently requested oxycontin is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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

Decision rationale: Regarding the request for lumbar epidural injection L3-S1, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Additionally, there is no documentation of 50% pain relief with associated reduction of medication use for six to eight weeks from previous lumbar epidural steroid injections (LESI's). Finally, it is unclear why an epidural injection is being requested at two levels, when guidelines clearly recommend against performing more than a one level interlaminar epidural steroid injection. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injection at L3-S1 is not medically necessary.