

Case Number:	CM14-0032843		
Date Assigned:	06/20/2014	Date of Injury:	04/09/2012
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas. 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 58 year old female who had work related injuries on 04/09/12. She was pulling a patient up in bed and the patient started fighting and stiffened up. She felt a pull in her low back. She was examined on the date of injury but no x-rays were taken. The patient was given medication and allowed to continue working with restrictions. She was subsequently referred to a neurosurgeon, which referred her to an orthopedic surgeon. The injured worker had a magnetic resonance imaging (MRI) scan of her lumbar spine and was told that she had degenerative changes and small disc bulge in the lower levels. She also had an electromyogram/nerve conduction study (EMG/NCS) of the lower extremities and was told that these studies were within normal limits. She had a course of physical therapy showing some improvement with that treatment. The magnetic resonance imaging (MRI) of her lumbar spine dated 05/29/12 showed there was multilevel mild degenerative disc disease with no central spinal stenosis or neural foraminal narrowing. There was an annular tear of L3-4 disc posteriorly with 4mm disc bulge. At L4-5 there was mild bilateral facet disease and 3mm disc bulge. At L5-S1 there was a 3mm disc bulge and moderate bilateral facet disease. The EMG/NCV, dated 07/05/12, of the lower extremities, showed it was within normal limits. An updated MRI of the lumbar spine without contrast, dated 02/04/13, at L2-3, there was mild disc desiccation. There was slightly decreased intervertebral disc space height and mild degenerative facet arthropathy. There was no central canal stenosis. At L3-4 there was mild disc desiccation. There was a diffused disc bulge measuring approximately 2mm with a small annular tear of the left posterior disc margin and minimal impression of the anterior thecal sac. In the central there was mild degenerative facet hypertrophy. The central spinal canal was narrowed to approximately 9mm in anteroposterior (AP) diameter. At L4-5 there was small posterior bony spurring, mild degenerative facet hypertrophy, and no central stenosis. There was slight neural foraminal

narrowing on the right. L5-S1 there was small diffuse disc bulge measuring approximately 2mm. There was moderate degenerative facet hypertrophy. There was no central canal stenosis. There was mild right neural foraminal stenosis and slight left neural foraminal narrowing. An MRI of the lumbar spine without contrast, dated 05/29/12, showed multilevel mild degenerative disc disease which was described with no central canal stenosis or neural foraminal narrowing. There showed an annular tear of L3-4 disc posteriorly. A progress note dated 01/28/14 noted the patient continued to have low back pain radiating down the left lower extremity rating 7 on the visual analog scale (VAS). The current medications are: aspirin, Lipitor, Protonix, Celebrex, Kozar, Norco, and Nucynta. A physical examination was deferred at this visit. When the patient was seen on 01/23/14 the patient stated she would like to try another injection, as she had good relief for a few weeks after her previous transforaminal epidural steroid injection. The average pain level was rated 7-8/10. A physical examination revealed she continued to have baseline low back pain with radicular pain in left buttock. She had marked lumbar paraspinal muscular tenderness. No new neurological deficits were noted on the exam. The request was for a repeat left transforaminal epidural steroid injection at L3-4 and L4-5, continuing Nucynta 50mg #60, trial Nucynta 50mg #60, continued Lorzone 750mg #60, and urine drug testing at the next visit when the patient was on stable regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT TFE AT L3-4 AND L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain. ESI's lumbar.

Decision rationale: On 01/23/14, the patient stated she would like to try another injection due to having good relief for a few weeks after her previous transforaminal epidural steroid injection. The repeat blocks should be based on continued objective pain and functional improvement, including at least 50% relief with associated reduction in of medication for 6-8 weeks. The medical necessity has not been established. The request for a repeat left transforaminal epidural steroid injection is not medically necessary.

Continue Nucynta ER 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 111.

Decision rationale: The clinical documentation does not support the request for Nucynta. There has been no documentation of functional improvement or significant decrease in pain, visual analog scale (VAS) has not changed. Therefore the medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and the medications should only be changed by the prescribing physician. The request for Continuing Nucynta 50mg #60 is not medically necessary.

Trial Nucynta IR 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 111.

Decision rationale: The clinical documentation submitted for review is not clinically necessary. The injured worker has not had functional improvement or significant decrease in pain with Nucynta. Therefore medical necessity has not been established. The request for Trial Nucynta 50mg #60 is not medically necessary.

Continue Lorzone 750mg #60: Upheld

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

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

Decision rationale: The clinical documentation does not support the request for Lorzone. The physical examination revealed that she continued to have baseline low back pain with radicular pain in the left buttock and marked lumbar paraspinal muscular tenderness. Therefore medical necessity has not been established. The request for Lorzone 750mg #60 is not medically necessary.

Urine Drug Testing at Next Visit when Patient is on Stable Regimen: 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).

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

Decision rationale: The request is predicated on the request for Nucynta. This has not been found to be medically necessary, as such medical necessity has not been established. Therefore,

the request for urine drug testing at next visit when the patient was on stable regimen is not medically necessary.