

Case Number:	CM14-0037380		
Date Assigned:	07/25/2014	Date of Injury:	08/29/2008
Decision Date:	08/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 29, 2008. Thus far, the applicant has been treated with analgesic medications; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for laboratory testing, including renal and hepatic function testing, denied an epidural steroid injection, denied Senna, laxative, denied Soma, denied Ultracet, and denied Wellbutrin. On March 19, 2014, the applicant presented with persistent complaints of low back pain. The applicant was on Soma, Senna, Ultracet, Wellbutrin, and Xanax, it was stated. The applicant was status post multiple prior epidural steroid injections, including in July 2013, January 2013, and July 2012, it was stated. The applicant did have electrodiagnostically corroborated radiculopathy at the L5-S1 level, it was established. The applicant was severely obese, with BMI of 35. The applicant exhibited an antalgic gait. The applicant stated that usage of Ultracet diminished her pain levels from 8/10 to 5-6/10 and that Ultracet was facilitating her return to part-time work, which reportedly included prolonged standing and walking. The applicant was using Senna to combat opioid-induced constipation, it was stated. Soma was being employed for muscle spasm, the applicant stated. The attending provider stated that the previous epidural steroid injection had diminished the applicant's radicular pain by 75% for over six months and had facilitated her return to work. The applicant stated that Wellbutrin is being employed for depression and was ameliorating her mood and ability to interact with family members. The applicant was asked to return to work and cease smoking. Multiple medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab serum AST, ALT and renal panel for monitoring of the liver and kidney function:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health notes.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects topic Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using NSAIDs do require periodic laboratory monitoring, including renal function testing, hepatic function testing, and CBC testing. In this case, while the applicant does not appear to be using NSAIDs, by implication, the applicant is using a variety of other medications, including opioids, muscle relaxants, and antidepressants. Assessing the applicant's renal and hepatic function to ensure that the applicant's present renal and hepatic functions are compatible with prescribed medications is indicated. Therefore, the request is medically necessary.

Transforaminal Lumbar epidural injection L5 side: Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injections.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections is predicated on evidence of functional improvement and/or lasting analgesia achieved with earlier blocks. In this case, the applicant has an electrodiagnostically-confirmed, clinically-evident lumbar radiculopathy. The applicant has responded favorably to earlier epidural steroid injections as evinced by her successful return to work and reports of enduring analgesia for a span of approximately six months following the last epidural. A repeat epidural block is therefore indicated, as the applicant does appear to have demonstrated functional improvement with earlier blocks as the applicant appears to have effected functional improvement as defined in MTUS 9792.20f through earlier blocks. Therefore, the request is medically necessary.

Senna S tablets 51 (take 1 four times a day as needed): Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioid induced constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is, in fact, using opioids. Provision of Senna, a laxative, to combat symptoms of opioid-induced constipation is indicated. The attending provider has stated that ongoing usage of Senna has successfully ameliorated complaints of constipation induced by opioid usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Soma 350mg tablets SIG take one four times a day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when combined with opioid agents. In this case, the applicant is concurrently using opioid therapy with Ultracet. Adding Carisoprodol or Soma to the mix on a four times per day basis is not indicated. Therefore, the request is not medically necessary.

Ultracet 37.5 mg/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to work. The applicant does report appropriate analgesia and improved ability to perform activities of daily living, household chores, and interactive family members, reportedly affected as a result of ongoing medication usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Wellbutrin XL 150mg tablets SIG take 2 daily: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Wellbutrin may be helpful to alleviate symptoms of depression. In this case, the applicant has reported appropriate improvements in mood, function, and ability to interact with family members, reportedly affected as a result of ongoing Wellbutrin usage. The attending provider has posited that ongoing usage of Wellbutrin has ameliorated the applicant's depressive symptoms and mood. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.