

Case Number:	CM14-0037762		
Date Assigned:	06/27/2014	Date of Injury:	11/23/2008
Decision Date:	08/11/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 63-year-old woman who sustained a work-related injury on November 23, 2008. Subsequently, she injured her right hip, low back, right shoulder, right ankle, knees, right foot, great toe, teeth, and multiple body systems. According to the progress note dated on January 30, 2014, the patient continues to have pain in the right shoulder, low back, right knee, and ankle. Her physical examination revealed weakness to dorsiflexion of the right ankle and limited dorsiflexion of the right ankle. She has limited internal rotation of the right shoulder. Her MRI of the right shoulder showed evidence of supraspinatus tendinosis due to degenerative acromioclavicular joint, mild subacromial, and subdeltoid bursitis. Her MRI of the lumbar spine dated on February 13, 2009 showed right-sided foraminal stenosis at L4-L5, scoliosis, left sided foraminal disk at L2-L3 causing narrowing at the canal, foraminal disk at L3-L4 with narrowing of the foramen on the left side. Her X-ray of the lumbar spine from February 24, 2014 revealed retrolisthesis of L1 on L2 with an element of instability with flexion at L1-L2. Her EMG (Electromyography) of bilateral lower extremity is consistent with a right L5 radiculopathy. Her x-ray of the left knee from February 25, 2014 showed early degenerative joint disease greatest in the medial compartment calcific tendinitis of the quadriceps tendon and insertion. The patient's diagnoses included: low back pain with radicular symptoms both legs; right shoulder pain; right ankle pain; right knee pain; right hip pain; bilateral TMJ (temporomandibular joint.); and dental trauma pain. A progress note dated April 30, 2014 revealed that the patient was unable to tolerate the Percocet. She was unable to tolerate a lot of medications; she also has some issues with adhesive. The provider requested authorization for Selective Nerve Root Block at right L5 Spine and Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Block at right L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies and compliance with first line therapies. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request Selective Nerve Root Block at right L5 is not medically necessary and appropriate.

Vicodin 10/500 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Vicodin is a short acting opioid recommended for a short period of time in case of a breakthrough pain or in combination with long acting medications in case of chronic pain. There is no clear evidence of a breakthrough of

back pain or acute lumbar root compression. Although the provider reported some improvement with previous use of Vicodin, there is no specific documentation of functional and pain improvement. Therefore, the request for Vicodin 10/500mg # 150 is not medically necessary.