

Case Number:	CM14-0039319		
Date Assigned:	06/30/2014	Date of Injury:	08/25/2004
Decision Date:	10/07/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 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:

This is a 56-year-old male who sustained a remote industrial injury on 08/25/04 diagnosed with lumbar degenerative disc disease; postlaminectomy syndrome of the thoracic region; lumbago; and thoracic/lumbosacral neuritis or radiculitis. Mechanism of injury occurred when the patient attempted to lift a 94 pound bag of mortar and noted recurrent pain in the lower back, along with radiating left leg pain. The request for one transforaminal lumbar epidural injection at L5-S1 both sides was non-certified at utilization review due to the patient's symptoms being controlled well with medications, so that proceeding with injection therapy is not necessary at this time. The request for Norco 10/325mg #180 with two refills was modified at utilization review to certified Norco 10/325mg #180 with one refill due to the documentation of obtained benefit with the use of this medication but continued patient monitoring is necessary. Lastly, the request for Ativan 1mg #30 was also modified at utilization review to certify Ativan 1mg #24 to allow for weaning, as the patient has been taking this medication for at least a year and guidelines do not support prolonged use. The most recent progress note provided is 05/01/14. Patient does not report any change in the location or characteristics of his pain. Patient reports that the pain levels vary in intensity based on activity level but pain levels are not provided. Physical exam findings reveal restricted range of motion of the lumbar spine, spasm and tenderness in the lumbar paravertebral muscles, positive lumbar facet loading bilaterally, positive straight leg raise bilaterally, ankle jerk is 2/4 bilaterally, patellar jerk is 1/4 bilaterally, and decreased motor strength of 4/5 of the quadriceps knee extension and left ankle dorsiflexion. Current medications include: Norco 10/325mg one tablet every 4-6 hours as needed, Ativan 1mg one tablet daily as needed, Ambien CR 12.5mg one tablet at bedtime, Colace 100mg one tablet twice a day, Gabapentin 300mg one tablet three times a day, Allopurinol 300mg one tablet a day, Atenolol 50mg one tablet a day, Fexonfenadine HCl 60mg, Gemfibrozil 600mg one tablet twice a day,

Lidocaine patch 5% 12 hours on/off, and Prevacid 30mg one tablet a day. It is noted that the patient has an opioid agreement on file. Provided documents include several previous progress reports, a procedure note detailing an L3-4 interlaminar epidural steroid injection, an agreed medical examination dated 10/29/08, an appeal report, and previous utilization reviews. The progress report, dated 12/08/11, notes the patient received very good pain relief from the lumbar epidural steroid injection on 11/18/11 and reveals prescriptions for Ativan 1mg and Norco 10/325mg. On 02/21/13, the requests for a lumbar epidural steroid injection at L3-L4 and Norco 10/325mg #180 with three refills were certified, while the request for Ativan 1mg #30 was non-certified. The patient's previous treatments include lumbar epidural steroid injections, physical therapy, and medications. An appeal for denial concerning the lumbar transforaminal epidural injection, dated 04/14/14, highlights the patient's continued radicular lumbar pain despite conservative treatment including physical therapy and medication management, evidence of radiculopathy on objective findings, and corroboration of radiculopathy in diagnostic studies. Diagnostic studies provided include an EMG/NCS of the lower extremities, performed on 09/30/08. This study reveals evidence of chronic left L5 and S1 radiculopathies with mild ongoing generation. An MRI of the lumbar spine, performed on 10/30/13, is also included and reveals a 3mm diffuse posterior annular bulge at L4-5, moderate spinal canal stenosis at L4-5, and moderately severe L4-5 foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal lumbar epidural injection at L5-S1, both sides: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural steroid injections (ESIs) (Manchikant, 2003) (CMS, 2004) (Boswell, 2007)

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

Decision rationale: According to CA MTUS guidelines on epidural steroid injections, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, there are consistent objective findings on examination indicative of radiculopathy including decreased motor strength, decreased deep tendon reflexes, and a positive straight leg raise test. Further, these radicular findings are corroborated by an EMG/NCS of the lower extremities that reveals evidence of chronic left L5 and S1 radiculopathies with mild ongoing generation. Provided documentation also highlights the patient has had epidural steroid injections in the past but at a different level than the level requested. As such, medical necessity is supported 1 transforaminal lumbar epidural injection at L5-S1, both sides are medically necessary.

Norco 10/325mg #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Opioids, criteria for use: Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use in the most recent progress report, which is an essential part of ongoing review. There is also no documentation of the results from the most recent urine drug screen performed to monitor compliance and screen for aberrant behavior. Further, refills are not recommended as continued monitoring is necessary for continued use. Due to this lack of documentation of ongoing review, the ongoing use of chronic opioids is not supported by MTUS guidelines and Norco 10/325mg #180 with 2 refills is not medically necessary.

Ativan 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines: Weaning of Medications: Insomnia treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, Benzodiazepines are "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." Given the patient's early date of injury of 2004, short-term use is not indicated to benefit the patient. Further, readily available non-habit forming alternatives exist and the patient has excessively exceeded the recommended use of 4 weeks with a recorded long-term use since at least December of 2011. For these reasons, the request for Ativan 1mg #30 is not medically necessary.