

Case Number:	CM14-0040767		
Date Assigned:	06/27/2014	Date of Injury:	09/30/2004
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 patient with a date of injury of September 30, 2004. A utilization review determination dated March 19, 2014 recommends non-certification of 2 lumbar epidural steroid injections and Norco. An MRI dated June 1, 2012 identifies a right paracentral disc bulge at L5 S1 and a small broad-based herniation at L3-4 and L4-5 causing mild narrowing of the central canal and neural foramina. A report dated February 28, 2014 indicates that the patient has completed opiate risk testing and signed a medication safety agreement. The patient is due for a urine drug screen today. The diagnosis is low back pain. The treatment plan indicates that the patient reports analgesia from medication consumption, increased activities of daily living from medication use, and denies any adverse effects. There is also no evidence of aberrant drug taking behavior. Medications refilled include Cymbalta, ibuprofen, and Norco up to 1 pill 4 times a day. A progress report dated January 30, 2014 identified subjective complaints of low back pain radiating into the left posterior thigh. The patient is hopeful that a repeat epidural steroid injection will improve his pain further. The diagnoses include chronic low back pain, annular disc bulge, degenerative disc disease, and recurrent L5-S1 herniation. The physical examination identifies tenderness to palpation of the lumbar paraspinal muscles with reduced lumbar range of motion. Straight leg raise is negative. The treatment plan requests repeat lumbar epidural steroid injection, and prescription for Cymbalta, Norco, and ibuprofen. A request for authorization dated April 1, 2014 indicates that the patient has received a denial for an epidural steroid injection. Each previous injection has lasted from 3 to 6 months in duration. The note goes on to state that the patient would become more dysfunctional upon cessation of opioid treatment. A progress report dated May 29, 2013 indicates that the use of Norco improves the patient's walking tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 lumbar epidural steroid injections: Upheld

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 (ESIs) Page(s): 46.

Decision rationale: Regarding the request for 2 lumbar epidural injections, 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 objective examination findings supporting a diagnosis of radiculopathy. Additionally, there is no documentation of objective functional improvement and/or reduction in medication use as a result of previous epidural injections. Finally, guidelines do not support the use of a series of injections. As such, the currently requested 2 lumbar epidural steroid injections are not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco 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 documentation that the Norco is improving the patient's function and pain, causes no side effects, and that the patient has had no aberrant use. Unfortunately, the current request does not have a frequency of use or duration of use included. Guidelines do not support the open-ended use of opiate pain medication and there is no provision to modify the current request. As such, the currently requested Norco is not medically necessary.

