

Case Number:	CM14-0041077		
Date Assigned:	06/30/2014	Date of Injury:	02/19/2013
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/08/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 19, 2013. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 13, 2014, the claims administrator denied an epidural steroid injection on the grounds that the applicant had failed to benefit from an earlier injection, denied Norco on the grounds that the applicant had failed to benefit from the same, denied Quazepam, and modified a follow-up visit in 21 days' time to a follow-up visit in 45 days' time. The claims administrator did not incorporate cited MTUS and non-MTUS Official Disability Guidelines (ODG) into its rationale for any of the aforementioned decisions. The applicant's attorney subsequently appealed. In a progress note dated March 7, 2014, the applicant was described as having persistent complaints of low back pain. The applicant had had one earlier epidural steroid injection, it was acknowledged. The applicant was currently off of work, it was further noted, and was pending shoulder surgery, it was suggested. The applicant is using Motrin and Tylenol No.3 for pain relief. The attending provider suggested that the applicant continue Motrin and Tylenol No.3, along with medications to combat opioid-induced constipation. In a pain management note of June 17, 2014, the applicant presented with persistent complaints of pain about low back, right shoulder, and neck. The applicant was having difficulty performing activities of daily living and exhibited an antalgic gait. Another lumbar epidural steroid injection was sought. The applicant's work status was not furnished. The applicant underwent lumbar epidural steroid injection therapy on May 7, 2014 and cervical epidural steroid injection therapy also on May 7, 2014. On April 22, 2014, the applicant presented with persistent complaints of low back pain radiating to the leg, 8/10. The attending provider stated that the applicant's temporary remission of symptoms following an

earlier epidural steroid injection should justify a second epidural block at the same level. Earlier handwritten notes of April 26, 2014 and May 16, 2014 were notable for comments that the applicant should remain off of work, on total temporary disability. The notes were extremely difficult to follow. It was incidentally noted, that the applicant had undergone right shoulder arthroscopy on March 28, 2014. It appears that Quazepam was requested via a handwritten note dated March 12, 2014. No rationale for selection of the same was proffered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

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

Decision rationale: The proposed epidural steroid injection is not medically necessary, medically appropriate, or indicated here. The request is question does represent a repeat epidural block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of functional improvement with earlier blocks. In this case, the applicant has, however, failed to demonstrate any lasting benefit or functional improvement with earlier blocks. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on opioid therapy, including Norco. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior epidural injection. Therefore, the request for another epidural steroid injection is not medically necessary.

Hydrocodone 10/325 mg. # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Drugs List) Page(s): 91.

Decision rationale: Norco (hydrocodone), a short-acting opioid, is medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen, a short-acting opioid, is indicated in the treatment of moderate to moderately severe pain. In this case, the applicant underwent shoulder surgery on March 28, 2014 and could reasonably and plausibly have been expected to have been in moderate to severe pain on or around the date of the shoulder surgery, March 28, 2014, which did lie in close temporal proximity to the Utilization Review Report of March 13, 2014. Provision of Norco was indicated to combat postoperative pain issues on or around the date in question. Therefore, the request was medically necessary.

Quezapam 15 mg. # 30: Upheld

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

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

Decision rationale: The request for Quazepam, a benzodiazepine anxiolytic, is not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Quazepam are not recommended for chronic or long-term use purposes, whether used for anxiolytic, hypnotic, sedative, or antispasmodic effect. In this case, the attending provider has not furnished any compelling applicant-specific rationale, which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

Follow up visit on 4/2/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Shoulder Chapter (Regarding Follow Up) Official Disability Guidelines (ODG), Shoulder Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The proposed follow-up visit on April 2, 2014 is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 207, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant underwent shoulder surgery on March 28, 2014. More frequent follow-up visits were indicated to follow up on the applicant during the immediate postoperative phase. Therefore, the office visit of April 2, 2014 was medically necessary.