

Case Number:	CM14-0043398		
Date Assigned:	07/02/2014	Date of Injury:	12/13/2004
Decision Date:	08/29/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiologist and has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 59-year-old female who reported an injury on 12/13/2004. The mechanism of injury was not stated. Current diagnoses include lumbar post laminectomy syndrome, obesity, gastroesophageal reflux disease, diabetes, sleep apnea, right knee arthritis, history of lumbar facet syndrome, and chronic pain. The injured worker was evaluated on 03/25/2014 with complaints of persistent lower back pain with radiation into the right lower extremity. The current medication regimen includes Kadian, Oxycodone, Protonix, Robaxin, Cymbalta, Wellbutrin SR, Nuvigil, Amitiza, and Etodolac. Physical examination revealed mild to moderate distress, an antalgic gait, restricted lumbar range of motion, diffuse tenderness, diminished sensation in the right lower extremity, and positive straight leg raising on the right. Treatment recommendations included continuation of the current medication regimen and authorization for a caudal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection, criteria for the use.

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended for treatment of radiculopathy. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the documentation submitted, the injured worker does demonstrate diminished sensation in the right lower extremity with positive straight leg raising. However, there were no imaging studies or electrodiagnostic reports submitted for this review. There was no mention of an exhaustion of conservative treatment. It is also noted that a previous caudal epidural injection was requested in 09/2012. There is no documentation of objective functional improvement following a previous injection. The specific body part was not listed in the request. As such, the request for One caudal epidural steroid injection is not medically necessary.

One prescription of Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Oxycodone 15 mg since 09/2012. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request for One prescription of Oxycodone 15mg #120 is not medically necessary.