

Case Number:	CM14-0043813		
Date Assigned:	07/07/2014	Date of Injury:	05/25/2006
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
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 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:

The injured worker is a 53-year-old male who reported an injury on 05/25/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 03/13/2014 indicated diagnoses of bilateral lumbar radiculopathy with degenerative disc disease and foraminal narrowing on MRI. The injured worker reported low back pain and bilateral lower extremity pain rated 7/10. The injured worker reported he continued with medications of Norco, tramadol, Flexeril, Prilosec, naproxen, and LidPro and he denied side effects to the medication and reported they continued to decrease his pain and normalize his function about 50%. On physical exam of the lumbar spine, there was decreased range of motion in all planes in the lumbar spine, tenderness to palpation over the lumbar paraspinal muscles as well as lumbar positive facet joint loading, and decreased bilateral sensation to light touch and pinprick of the L5 dermatome. The injured worker had a negative straight leg raise. The injured worker's treatment plan included refill of medication and authorization for epidural and 8 week followup. The injured worker's prior treatments included home exercises and medication management. The injured worker's medication regimen included Omeprazole, naproxen, cyclobenzaprine, hydrocodone, tramadol ER, and Lido Pro ointment. The provider submitted a request for 2 bilateral L4-5 epidural steroid injections and hydrocodone/APAP. A Request for Authorization was not submitted for review to include a date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Bilateral L4-L5 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 46 Page(s): 46.

Decision rationale: The request for 2 Bilateral L4-L5 Epidural Steroid Injections is not medically necessary. The CA MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 week to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. The injured worker had decreased bilateral sensation to light touch and pinprick, negative straight leg raise, and reflexes are 2+ patellar and Achilles bilaterally. The injured worker reports medications continue to decrease his pain and normalize his function by about 50%. Moreover, there is a lack of evidence in the documentation provided of exhaustion of conservative therapy. In addition, the official MRI was not submitted for review to corroborate radiculopathy. Furthermore, the request did not indicate fluoroscopy for guidance. Therefore, the request for 2 Bilateral L4-L5 Epidural Steroid Injections is not medically necessary.

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 78, 91.

Decision rationale: The request for Hydrocodone/APAP 10/325mg #60 is non-certified. The California MTUS Guidelines state that hydrocodone/acetaminophen is a short acting opioid which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize 4 domains that 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. There is a lack of significant evidence of an objective assessment of the injured worker's pain level and evaluation for risk for aberrant drug use and behaviors. In addition, the request does not indicate a frequency. Moreover, the documentation submitted did not indicate the injured worker had a signed pain agreement. Therefore, the request is non-certified.

