

Case Number:	CM14-0064453		
Date Assigned:	07/11/2014	Date of Injury:	03/14/2013
Decision Date:	08/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 & Rehabilitation and is licensed to practice in Texas & Ohio. 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 60-year-old female who reported an injury on 03/14/2013. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lumbar disc syndrome with lumbar radiculopathy, and left hip bursitis with left sacroiliac joint dysfunction. The injured worker's past medical treatment includes physical therapy and medication therapy. Diagnostics include x-rays and an MRI. The MRI obtained on 10/20/2013 revealed a posterior disc protrusion at L4-5 and L5-S1 with mild posterior bulge and effacement of the adjacent anterior thecal sac at L3-4. The injured worker complained of low back and left buttock soreness and pain. The injured worker rated her pain at a 7/10 on a VAS. She also stated that her symptoms were continuous in nature and currently present. Physical examination dated 03/24/2014 revealed that the injured worker sat leaning to the left. Strength in legs was normal and symmetric. Patellar reflex was 2+ bilaterally. Sensory deficit revealed that there was decreased sensation on the left side at the L3, L4, L5, S1, and S2. Reflexes of the patella were 1+ on the left and Achilles 1+ on the right. The injured worker's medications consist of ibuprofen, Robaxin, and Ultram. The dosage, frequency, and duration were not documented in the submitted report. The treatment plan is for a referral to pain management for a consultation with epidural steroid injections of the lumbar spine and a refill of hydrocodone 2.5/325 mg. The rationale for the requested medication is for the injured worker to finish a work shift without having to report any increased back pain. The request for authorization form was submitted on 04/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management for Consultation w/ Epidural Steroid Injection, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

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

Decision rationale: The injured worker complained of low back and left buttock soreness and pain. The injured worker rated her pain at a 7/10 on a VAS. The progress note dated 03/24/2014 stated that the injured worker's symptoms were continuous in nature. There were no new problems or side effects. The injured worker was not trying any other therapies for pain relief. She denied any injury since her last visit. The injured worker also stated to be continuing her medication treatment as prescribed. She stated that the medications were helping with the pain. The California Medical Treatment Utilization Schedule Guidelines recommend ESIs as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The Guidelines also stipulate that most current Guidelines recommend no more than 2 epidural steroid injection injections. This is in contradiction to previous general sided recommendations for a series of 3 ESIs. The research has now shown that, on average, less than 2 injections are required for a successful ESI outcome. ESI use should be used in conjunction with other rehab efforts, including a home exercise program. MTUS Guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The report submitted did not show failure of conservative care, only that the injured worker had tried them in the past. The progress note stated that the MRI showed no signs of radiculopathy. The MRI was not submitted for review. Furthermore, the request did not specify what part of the injured worker's lumbar spine the injections were for. As such, the request is not medically necessary and appropriate.

Hydrocodone 2.5/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, , Ongoing Management Page(s): 78, 91.

Decision rationale: The request for Hydrocodone 2.5/325 mg is non-certified. The injured worker complained of low back and left buttock soreness and pain. The injured worker rated her pain at a 7/10 on a VAS. The California MTUS guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be submitted. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. As per guidelines above, the documentation submitted lacked evidence of the 4 A's being adequately

addressed. Frequency and duration were not submitted in the request. The Guidelines also state that there should be documentation of the pain relief, functional status, appropriate medication use, and side effects. There lacked any quantified evidence of this in the report. The report also lacked documentation on a more evident level as to how the medication was assisting the injured worker with any functional deficits she might have had. Furthermore, Guidelines also state that there should be the use of drugs screens or urinalysis. The submitted report did not include any tests showing that the injured worker was in compliance with the MTUS Guidelines. As such, the request for Hydrocodone 2.5/325 mg is not medically necessary and appropriate.