

Case Number:	CM14-0073792		
Date Assigned:	07/16/2014	Date of Injury:	05/28/2007
Decision Date:	11/25/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/21/2014

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 Geriatrics and is licensed to practice in New York. 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 54-year-old man with a date of injury of 5/28/07. He was seen by his physician on 4/3/14 with complaints of increased back and leg pain on the right. He had undergone lumbar ESI 10 months ago with pain relief for 8-9 months. He noted increased erectile dysfunction with Morphine Sulfate but did not have this issue with Norco. He is also status post physical therapy and Toradol Injection and 3 level disc replacements in 2008. His medications included MS Contin, Lyrica, Norco, Duexis, Testim, Diovan, Zolpidem, Tamsulosin, Lipitor, and Alprazolam. His exam showed tenderness to palpation over the lumbar facets with paravertebral spams. His straight leg was positive at 70 degrees. His gait was normal. He had reduced lumbar range of motion with pain. He had muscle tone without atrophy and numbness over the posterior aspect of the upper thigh. His diagnoses were post laminectomy syndrome - lumbar, chronic pain syndrome, disc degeneration, lumbar disc displacement, and lumbar/lumbosacral disc degeneration. At issue in this review are the requests for refills of MS Contin and Norco (length of prior therapy not documented), new prescription of SPRIX and a lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg qty: 110.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 54-year-old injured worker has chronic back pain with an injury sustained in 2007. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 4/14 fails to document any improvement in pain or functional status and he had side effects of erectile dysfunction. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity for ongoing use of MS Contin is not substantiated in the records.

Norco 10/325mg qty: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 54-year-old injured worker has chronic back pain with an injury sustained in 2007. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 4/14 fails to document any improvement in pain or functional status and he had side effects of erectile dysfunction with Morphine, another opioid. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity for ongoing use of Norco is not substantiated in the records.

Sprinx 15.75 mg/Spray qty: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This 54-year-old injured worker has chronic back pain with an injury sustained in 2007. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic

relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document why a NSAID nasal spray is indicated at this point with all of his other pain medications. He is also receiving opioid analgesics and the sprix is not medically necessary.

Lumbar Nerve Root Block Transforaminal Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Epidural Spine Injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural Steroid Injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria, as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods, NSAIDS, and muscle relaxants. Additionally, the epidural injection has already been provided in the past with relief for a period of time but no documented improvement in function. A Second Epidural Injection (in question here) is not medically indicated.