

Case Number:	CM14-0083870		
Date Assigned:	07/21/2014	Date of Injury:	09/06/2000
Decision Date:	11/10/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injury on 09/06/2000. The mechanism of injury was a fall. The injured worker underwent a nerve conduction study on 03/17/2014, which revealed no evidence of generalized myopathy, sensory or motor peripheral neuropathy, no evidence of left sided lumbar radiculopathy, and there was right L5 radiculopathy. The injured worker's medication included Vicodin, Norco, fentanyl patches. The injured worker had epidural steroid injections previously, which decreased her pain by 50% and improved her walking tolerance to at least 1 hour. The prior surgeries were noted to be none. The documentation of 05/05/2014 revealed the injured worker had multiple chiropractic treatments and physical therapy treatments. The injured worker underwent a discogram, which was nondiagnostic. The injured worker had decreased function due to pain, and walking and standing tolerances were approximately 15 minutes. The physical examination revealed bilateral EHL weakness at -4/5, and a hyper lordotic stance. The injured worker had decreased sensation to light touch in the right medial calf and anterior thigh. The injured worker had a positive slump's test on the right side. The diagnoses included right L4 versus L5 radiculopathy, axial low back pain, chronic pain syndrome, lumbar facet pain, depression, and morbid obesity. The treatment plan included a right L4 and right L5 epidural steroid injection and Vicodin. The documentation indicated the injured worker had no aberrant drug behavior and was able to function with the medication. There was no rationale or Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had no aberrant drug behavior. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of side effects. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the necessity for 1 refill without re-evaluation. A duration of use could not be established through supplied documentation. Given the above, the request for Vicodin 5/300mg #60 with 1 refill is not medically necessary.

Right L4 and L5 Epidural Corticosteroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% improvement in pain for 6 to 8 weeks that is accompanied by an objective decrease in pain medications for the same duration of time. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had an injection that decreased her pain by 50% and had an improvement in walking tolerance to at least 1 hour. However, there was a lack of documentation indicating the injured worker had an associated medication reduction. Additionally, there was a lack of documentation indicating the level for the prior injection. Given the above, the request for right L4 and L5 Epidural Corticosteroid Injection is not medically necessary.