

Case Number:	CM14-0084729		
Date Assigned:	07/21/2014	Date of Injury:	07/21/2008
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 Illinois. 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 29-year-old male who reported an injury on 07/21/2008 due to unspecified causes of injury. The injured worker had a history of lower back pain with a diagnosis of lumbar strain, lumbar disc protrusion, and left knee meniscal tear. The injured worker had drug screen test x 2. No past treatments available. The medications included hydrocodone 5/325 mg and Prilosec 20 mg, with a reported pain of 3/10 to 4/10 using the VAS. The objective findings dated 04/23/2014 to the lumbosacral spine revealed tenderness to palpation, forward flexion with discomfort noted, straight leg raise with tightness, and a normal gait. The treatment plan included home exercise, weight reduction, healthy diet joining the gym and follow up visit in 6 weeks. The request for authorization dated 06/21/2014 was submitted with documentation. No rationale for the lumbar steroid injection, Prilosec, hydrocodone, and the urinalysis was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter and Formulary.

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

Decision rationale: 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 two 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 one to two weeks between injections. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per the clinical note provided, the injured worker had a pain level of 3/4, which was a decrease in pain from a 6/7 from prior chart notes using the VAS. The injured worker was participating in cycling and exercised daily. No studies were provided to corroborate with the recommended guidelines of radiculopathy being present and no documentation that conservative treatment had failed. As such, the request is not medically necessary.

Hydrocodone 10 / 325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88.

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

Decision rationale: The California MTUS guidelines state that Norco/hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four 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. Per the documentation provided, the 4 domains were not evident. Documentation for ongoing monitoring of chronic pain was not evident, of side effects such as, pain relief being the least pain, the worst pain that the injured worker has had, also the physical findings did not reveal that the injured worker required a narcotic medication for a 3/10 to 4/10 pain level. The request did not address the frequency. As such, the request is not medically necessary.

Prilosec 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend the use of a proton pump inhibitor if there is a history of gastrointestinal bleeding or perforation, a prescribed high dose of nonsteroidal anti-inflammatory drugs, and a history of peptic ulcers. There is also a high risk with long-term utilization of proton pump inhibitors greater than a year, which is shown to increase the risk of hip fractures. Per the documentation provided, the injured worker did not have a diagnosis or history of gastrointestinal bleeding, perforation, or peptic ulcers. As such, the request is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the California MTUS Guidelines recommend drug testing as an option, by using a drug screen to assess for the use or presence of illegal drugs, including aberrant behavior and opioid monitoring to rule out noncompliant behavior. Per the clinical notes provided, the injured worker had 2 drug screens dated 01/14/2014 and again 04/23/2014 that revealed positive for diazepam tricyclics. However, despite the positive UA drug screen, the injured worker continued with the medications being prescribed. As such, the request is not medically necessary.