

Case Number:	CM14-0089392		
Date Assigned:	07/23/2014	Date of Injury:	04/19/2002
Decision Date:	09/08/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 19, 2002. Thus far, the applicant has been treated with Analgesic medications; attorney representations; epidural steroid injection therapy; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for a lumbar epidural steroid injection and partially certified a request for Percocet, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a June 3, 2014 progress note, the applicant was described as reporting persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant stated that pain was unimproved despite earlier epidural steroid injection therapy. The applicant exhibited an antalgic gait, it was suggested, and was not using a cane, it was suggested on this occasion. A 7-8/10 pain was noted. Norco and Duexis were endorsed. The applicant was asked to pursue a repeat epidural steroid injection. In an earlier note dated May 6, 2014, the applicant was given prescriptions for Percocet and Norco and asked to pursue a repeat epidural steroid injection therapy. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. The applicant reported 8-9/10 pain complaints despite having received at least one prior epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection (ESI) at L4-5 with monitored anesthesia care and epidurography: Upheld

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

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

Decision rationale: The request in question represents a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant is seemingly off work. The applicant reports pain complaints as high as 7-9/10. The applicant remains highly reliant and highly dependent on various opioid medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite the prior epidural injection. Therefore, the request for a repeat epidural injection is not medically necessary.

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic, When to Continue Opioids topic Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be employed to improve pain and function. In this case, the attending provider proffered no rationale for selection and/or ongoing usage of two separate short-acting opioids, namely Percocet and Norco. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved function, and/or reduced pain achieved because of the same. In this case, the applicant's pain complaints are consistently described as high as 7-9/10 despite ongoing usage of Percocet. The applicant was described on several progress notes referenced above, as having difficulty performing activities of daily living, despite ongoing usage of Percocet. Finally, it does not appear that the applicant has returned to work. All of the above, taken together, suggest that discontinuing Percocet may be a more appropriate option than continuing the same. Accordingly, the request is not medically necessary.