MAXIMUS Federal Services

Case Number:	CM14-0097000		
Date Assigned:	07/28/2014	Date of Injury:	03/23/2000
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/25/2014

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 General Surgery 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:

This 55 year old female sustained an industrial injury 3/23/00. She injured both the cervical spine and the lumbar spine. The patient is status post a posterior lumbar fusion. A medical report dated 5/15/14 notes the patient complained of neck pain with radiation down both upper extremities and low back pain with radiation down both lower extremities. There was decreased sensation over the right L4-5 dermatome and decreased muscle strength for the L4-5 dermatome as well. Right straight leg raising was positive. Symptoms are aggravated with activity. Pain was rated at an 8 with medications and at a 10 without medications. She was trying to decrease her medications and her pain appears to have worsened. Radiologic studies from 2010 have demonstrated a small left acetabular spur and a posterior fusion at the caudal lumbar spine and upper sacrum. There is a pain contract. Electrodiagnostic studies were within normal limits when done 5/2011 and a Urinary Drug Screening was done 3/20/14. The patient apparently has had a Gastric Bypass and has lost 40 pounds. She is trying to become more active and trying to decrease medications. The request was for a caudal epidural, Percocet, Lidocaine ointment, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Pain-Epidural steroid injections, Page 46.

Decision rationale: MRI's of both shoulders, the cervical spine, and left ankle have been reported from 2010, 11, and 2012 along with an electrodiagnostic studies from 2000. A left hip x-ray of 2010 noted the posterior lumbar fusion. The patient describes radiculopathy and the L4-5 dermatome is abnormal on examination. The electrodiagnostic studies in 2010 were within normal limits and there has not been a reported abnormal electrodiagnostic study or radiographic study to corroborate the finding of radiculopathy. Therefore, the request for a caudal epidural steroid injection is not medically is not medically necessary and appropriate.

PERCOCET 7.5/325 MG, # 120: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Opioids-pain treatment agreement, Page 89.

Decision rationale: A pain contract has been reported and there is benefit from the opioid as her pain score decreases from a 10 to an 8. A Urinary Drug Screening was done 3/20/14. The patient is attempting to wean herself and is trying to become more active. Therefore, the request for Percocet is medically necessary and appropriate.

LIDOCAINE 2 % OINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, Pain-Topical Analgesics.

Decision rationale: Lidocaine is only supported in use of the Lidoderm Patch. Therefore, the request for Lidocaine ointment 2% is not medically necessary and appropriate.

COLACE 100 MG, # 90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com/Colace.

Decision rationale: Various preparations are justified for use in patients requiring the use of narcotics. These can vary from purgatives to stool softeners, to bulk laxatives. They are appropriate when the patient has a history of slower stool transit when using these drugs. Therefore, the request is medically necessary and appropriate.