

Case Number:	CM14-0187748		
Date Assigned:	12/04/2014	Date of Injury:	05/27/2010
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 52 year old male who was injured on 5/27/2010. He was diagnosed with lumbar strain, lumbar radiculopathy, lumbar facet arthropathy, sacroiliac pain, and lumbar disc displacement. He has a medical history significant for morbid obesity, which prevented him from undergoing surgery. He was treated with medications, physical therapy, and epidural injections (x3). He was also recommended to lose weight in order to be a better candidate for surgery, which he essentially did not do successfully over the years being treated. On 8/21/14, the worker was seen by his pain specialist for a follow-up, complaining of continual low back pain with right leg radiculopathy and joint pain rated at 8/10 on the pain scale. He requested another epidural injection. No report was included which described how he used Norco and Oxycodone (previously prescribed to him) and their benefit. Physical examination findings included BMI 43.2, lumbar facet joint tenderness, left sacroiliac joint tenderness, negative straight leg raise, positive Kemp's test, reduced deep tendon reflexes in both legs, normal bilateral leg strength, and pain in the L5 dermatomes. He was then recommended to have a lumbar epidural injection for L5 level, see his spinal surgeon, primary treating physician and psychological counselor, and continue his pain medications (Oxycodone, Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural injection: Upheld

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

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), 3. Injections should be performed using fluoroscopy for guidance, 4. 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, 5. no more than two nerve root levels should be injected using transforaminal blocks, 6. no more than one interlaminar level should be injected at one session, 7. 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, and 8. Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, the requirements listed above have not been fully met, such as unclear objective signs of radiculopathy from physical examination and no documented evidence of previous injections reducing pain and medication use at least 6 weeks (2012 injection and follow-up progress notes not provided for review). Therefore, the lumbar epidural will be considered medically unnecessary until this is provided.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of

opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, evidence of this full review was not found to be present in the notes provided. The worker was prescribed and taking Norco and Oxycodone, however, how these were taken and how much they lessened his pain and more importantly how much each of them improved his function (measurably) was not included in the progress notes and other documents around the time of this request, which is required in order to justify continuation of chronic use of both of these medications. Therefore, the Norco and Oxycodone both will be considered medically unnecessary to continue until this evidence of benefit is provided for review.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, evidence of this full review was not found to be present in the notes provided. The worker was prescribed and taking Norco and Oxycodone, however, how these were taken and how much they lessened his pain and more importantly how much each of them improved his function (measurably) was not included in the progress notes and other documents around the time of this request, which is required in order to justify continuation of chronic use of both of these medications. Therefore, the request for Norco and Oxycodone will be considered medically unnecessary to continue until this evidence of benefit is provided for review.

Follow-up with spinal surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127, 305-306.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are

present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The ACOEM MTUS Guidelines also states that referral to a surgeon for low back pain is only indicated when the patient exhibits severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, has activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment to resolve disabling radicular symptoms. In the case of this worker, the referral back to the spinal surgeon seems medically unnecessary considering a previous refusal to perform surgery for him in the past due to his morbid obesity status, which is essentially unchanged. No new information from his subjective complaints or physical examinations (all unchanged over many months) suggests that the referral would be productive. Weight loss with morbid obesity should not start with waiting for an effective exercise plan at first, but to dramatically change the dietary behaviors and address the psychological basis for these dietary habits which prevent him from losing the weight. Without his weight being corrected, he may never be able to reduce his back pain, in the opinion of the reviewer. As such, the request is considered as not medically necessary.