

Case Number:	CM14-0189145		
Date Assigned:	11/20/2014	Date of Injury:	08/18/2011
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine. 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 64 year old female who was injured on 8/18/2011. She was diagnosed with lumbar pain, lumbosacral radiculitis, and later chronic pain syndrome. Prior to her injury in 2011, she already had these diagnoses for many years and had even been treated with an implanted neurostimulator. She was treated with lumbar epidural steroid injections, lumbar surgery (fusion), physical therapy, and various medications including high doses of opioid medication. On 10/8/14, the worker was seen by her treating physician when she complained of her low back pain not doing well, rated at 7/10 on the pain scale, but with her medications still helping. She reported that since starting the Exalgo, she has been able to decrease her Dilaudid use, but was still using the Dilaudid 1-4 times per day depending on her activity levels. She reported less leg pain since starting the Exalgo. Her average pain was rated at 5/10 on the pain scale with these medications and 8/10 without. She reported not working (retired). Her collective medication use allows her to get around her house and even leave her house, whereas if not taking them, she is not able to leave the house. No side effects were reported except for the occasional constipation for which she used Senna and/or Miralax. Physical examination findings included tenderness of the lumbar paraspinal region and decreased sensation in the S1 dermatomes bilaterally. She was then recommended to discuss recent spinal Computed Tomography (CT) scan results with her surgeon to discuss possible surgical interventions, an epidural injection, and continue the then current medications and associated doses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg tab 1 Q6 hours pm #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a Therapeutic Trial of Opioids Page(s): 77.

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. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the combined morphine equivalent dose per day from the use of her Dilaudid and Exalgo ranges from 80 to 126 mg, which is acceptable as long as evidence of benefit is present. The records include report of being able to use less IR Dilaudid with the Exalgo (long-acting) addition allowing her to do more activities of daily living with the use of both together. There was a review of side effects and there was no evidence for abuse, so drug screening didn't seem necessary. Therefore, based on the documentation provided, the use of these medications (Dilaudid and Exalgo) is medically necessary.

Exalgo ER tab 1 bd #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a Therapeutic Trial of Opioids Page(s): 77.

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. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, the combined morphine equivalent dose per day from the use of her Dilaudid and Exalgo ranges from 80 to 126 mg, which is acceptable as long as evidence of benefit is present. The records include report of being able to use less IR Dilaudid with the Exalgo (long-acting) addition allowing her to do more activities of daily living with the use of both together. There was a review of side effects and there was no evidence for abuse, so drug screening didn't seem necessary. Therefore, based on the documentation provided, the use of these medications (Dilaudid and Exalgo) is medically necessary.

L3-4 Epidural Steroid Injections (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 48.

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, there was report of greater than 50% improvement of pain from previous epidural injections, however, there was not sufficient documentation provided from around the time of her last injection to confirm this response. There was no record of her last lumbar MRI to also confirm the diagnosis of lumbar radiculopathy. Although physical examination findings did suggest radiculopathy, these documents need to be provided for review in order for another epidural injection to be allowed. Until these documents are provided for review confirming radiculopathy and evidence of benefit from the prior injection, the epidural injection will be considered not medically necessary.

