

Case Number:	CM14-0191318		
Date Assigned:	11/25/2014	Date of Injury:	01/22/2003
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is an injured worker with a date of injury of 1/22/03. A utilization review determination dated 10/21/14 recommends non-certification of Epidural Steroid Injections (ESI), urine drug screen (UDS), glucosamine, and modification of Soma. It noted that the provider on 9/16/14 described 50-80% pain relief for 4 months after ESI, but the 10/31/13 report noted pain of 8/10 with medications and 10/10 without, while the 11/26/13 report noted 7/10 with medication and 9/10 without. The ESI was performed on 10/8/13. UDS from 5/27/14 was said to be consistent. 9/16/14 medical report identifies neck and low back pain radiating to the extremities. There is numbness and tingling in the RLE to the foot and muscle weakness. There is insomnia. Pain is 7/10 with medication and 9/10 without. On exam, there is tenderness, limited ROM, decreased sensation in the bilateral L4 dermatomes, and positive SLR on the right. Recommendations include ESI, UDS, Norco, Soma, Gabapentin, Glucosamine/Chondroitin, Omeprazole, and Senokot-S.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Set Of Transforaminal Epidural Steroid Injections on the Right at L3-4 and L4-5 under Fluoroscopy: Upheld

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

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

Decision rationale: Regarding the request for lumbar epidural steroid injections, Chronic Pain Medical Treatment Guidelines state that epidural injections are "recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment." Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, the provider notes greater than 50% relief for 4 months after the prior ESI with functional improvement, but the medical reports subsequent to the ESI describe relief of only 1 point on the VAS scale, which corresponds to only approximately 10% pain relief. Furthermore, there is no clear documentation of decreased medication use after the ESI. Given the lack of clarity regarding the above issues, the currently requested lumbar epidural steroid injections are not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is "recommended as an option." Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there was a drug screen performed approximately 4 months prior to the current request and was noted to be consistent, and there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

1 Prescription of Glucosamine 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Regarding the request for glucosamine, CA MTUS states that it is recommended as an option given its "low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." Within the documentation available for review, there is no indication of subjective/objective/imaging findings consistent with osteoarthritis for which the use of glucosamine/chondroitin would be supported by the CA MTUS. In the absence of such documentation, the currently requested glucosamine is not medically necessary.

1 prescription of Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a significant analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.