

Case Number:	CM14-0192760		
Date Assigned:	11/26/2014	Date of Injury:	10/19/1988
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 68 year-old female with a history of a work injury occurring on 10/19/88 when, while working as a special needs teacher and lifting a child, she had neck and low back pain. Electromyogram (EMG) and Nerve Conduction Velocity (NCV) Studies testing in June 2008 is referenced as having shown bilateral chronic L5 radiculitis and a magnetic resonance imaging (MRI) as showing mild foraminal and advanced canal stenosis. Treatments have included epidural steroid injections on 12/30/13 and 07/08/14 with 50% improvement lasting upwards of three months. The injections were done with fluoroscopic guidance and with use of sedation. She was seen by the requesting provider on 09/02/14. She had a flare up of pain after tripping and falling over a garden hose. She was considering surgery. Pain was rated at 4-5/10. Physical examination findings included lumbar paraspinal muscle tenderness and pain with range of motion. She had an antalgic gait and was ambulating with a cane. A Toradol injection was administered. Authorization for chiropractic treatment was requested. On 10/27/14 pain relief had lasted for three months after the epidural injection. She had been seen for a surgical evaluation. She was continuing to take Percocet and Norco for breakthrough pain. Pain was rated at 9/10 without medications. Physical examination findings appear unchanged. Imaging results were reviewed. Medications were refilled. Authorization for another epidural injection was requested. Medications included OxyContin 30 mg #30, Norco 10/325 mg 5x/day, Percocet 10/325 mg to 1 QD/BID, Celebrex 200 mg, Flector, Pennsaid, Lyrica, and Soma were being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic radiating low back pain. Medications include Celebrex and Norco being prescribed on a long term basis. Opioid medication is being prescribed at an average (MED) morphine equivalent dose of less than 120 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Celebrex 200mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 67-70.

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic radiating low back pain. Medications include Celebrex and Norco being prescribed on a long term basis. Oral non -steroidal anti-inflammatory medications NSAIDS (non -steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. The claimant is over 65 years old and guidelines recommend prescribing a selective COX- 2 medication such as Celebrex. The maximum dose is 200 mg per day. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

Conscious Sedation: 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 (1) Statement on Anesthetic Care during Interventional Pain Procedures for Adults. Committee of Origin: Pain Medicine (Approved by the ASA House

of Delegates on October 22, 2005 and last amended on October 20, 2010) (2) NASS Coverage Policy Recommendations. December 2014

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included epidural steroid injections with reported benefit of 50% lasting for 3 months. Injections were performed in December 2013 and July 2014. In general, patients should be relaxed during an epidural steroid injection. A patient with significant muscle contractions or who moves during the procedure makes it more difficult technically and increases the risk associated with this type of injection. On the other hand, patients need to be able to communicate during the procedure to avoid potential needle misplacement. In this case the claimants previous injections were done with conscious sedation and a deeper level of anesthesia (i.e. monitored anesthesia care) is not being requested. Therefore, the requested IV sedation is medically necessary.

Fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (TWC) Treatment In Workers Compensation, Low Back Procedure Summary Pain Official Disability Guidelines (TWC) Treatment In Workers Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included epidural steroid injections with reported benefit of 50% lasting for 3 months. Injections were performed in December 2013 and July 2014. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Injections should be performed using fluoroscopy. In this case, the requested epidural injection with fluoroscopy is within applicable guidelines and therefore medically necessary.

Lumbar Epidural Steroid Injection, L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines TWC (Treatment In Workers Compensation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than 25 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included epidural steroid injections with reported benefit of 50% lasting for 3 months. Injections were performed

in December 2013 and July 2014. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore medically necessary.