MAXIMUS Federal Services

Case Number:	CM14-0195609		
Date Assigned:	12/03/2014	Date of Injury:	03/26/2010
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation, has a subspecialty in Fellowship Trained in Pain Management and is licensed to practice in New York. 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 injured worker is a 28-year-old female with a date of injury of 03/26/2010. The mechanism of injury was not provided. Her diagnoses included chronic right low back pain, right lower extremity radicular pain with weakness, discogenic low back pain, and right sacroiliitis. Past treatments include therapy, epidural steroid injections (ESIs), and medication. Diagnostic studies were not included with the documentation. Her surgical history was not included. On 07/23/2014, the injured worker reported pain to the right low back, right buttocks, and down the right lower extremity. Physical examination showed tenderness to palpation and muscle spasms in the lumbar region, far worse on the right side; tenderness over the piriformis compartment and also the sciatic notch on the right side; tenderness over the right sacroiliac joint and right greater trochanter. There is no gross motor or sensory deficit, deep tendon reflexes are 2+/2 in both ankles and knees, and negative straight leg raise test. On 07/30/2014, the injured worker underwent evaluation of the lumbar and sacral spine under fluoroscopy and a diagnostic right sacroiliac joint intra-articular steroid injection. The injured worker did receive authorization to proceed with a transforaminal epidural steroid injection at both L4-5 and L5-S1 levels. She could not take time off work to have these procedures. Since then, she has spoken with her boss who now understands that she must undergo these medical treatments. The injured worker states that the previous epidural steroid injections were not helpful, having received 6 prior ESIs. For this reason, the injured worker was uncomfortable with proceeding with the transforaminal epidural steroid injections and, thus, the right sacroiliac joint injection was performed on 07/30/2014. Her current medications include Cyclobenzaprine 10 mg, Cyclobenzaprine 5 mg, ibuprofen 600 mg, Oxycodone 10 mg, OxyContin 10 mg extended release, and OxyContin 20 mg extended release. The injured worker's duration of the medication regimen has been in

excess of 2 years for the OxyContin and Cyclobenzaprine and 4 years for the Oxycodone. Her last urine drug screen was performed 05/30/2014 and was consistent with the medications taken. The treatment plan was to continue her current medication, proceed with the transforaminal epidural steroid injection, and possibly an intradiscal electrothermal therapy procedure. The request is for (1) 1 extension for right L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance, (2) 1 follow-up visit, (3) 30 OxyContin 10 mg, (4) 30 OxyContin 20 mg, (5) 90 Oxycodone 10 mg, and (6) 90 Flexeril 10 mg. The rationale was to treat her back pain due to internal disc derangement. The Requests for Authorization dated 07/17/2014 and 08/18/2014 were included.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Extension for Right L4-5 and L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopy Guidance: Upheld

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

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

Decision rationale: The request for 1 extension for right L4-5 and L5-S1 transforaminal epidural steroid injection (ESI) under fluoroscopy guidance is not medically necessary. The injured worker complained of low back pain. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by studies and/or electrodiagnostic testing. Repeat ESIs should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks; improved function after last injection (either increased activities of daily living or increased range of motion/motor strength) and participation in an active treatment program planned after injection (home exercises or physical therapy). Current research does not support a series of 3 injections in either the diagnostic or the therapeutic phase. The guidelines recommend no more than 2 ESIs. The clinical notes lack evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. The documentation submitted for review stated that the injured worker had completed 6 prior epidural steroid injections and they were not "helpful." There was an absence of clear corroboration of radiculopathy by the physical exam findings and an imaging study or electrodiagnostic test and no documentation showing a plan for active therapy following the injection. As such, the request for 1 extension for right L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance is not medically necessary.

1 Follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The request for 1 follow-up visit is not medically necessary. The injured worker complained of low back pain. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a follow-up office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for a follow-up office visit requires individualized case review and assessment, and the eventual injured worker independence from the healthcare system through self-care as soon as clinical feasible. According to the documentation as submitted, there was no significant change in the symptoms that would indicate the injured worker would require a follow-up visit in 2 weeks. In the absence of such documentation, the request for 1 follow-up visit is not medically necessary.

30 Oxycontin 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, On-Going Management Page(s): 75; 78.

Decision rationale: The request for 30 Oxycontin 10 mg is not medically necessary. The injured worker complained of low back pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant ongoing use of medications, such as Oxycodone. A complete pain assessment should be documented, which includes current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the medication, how long it takes for pain relief, and how the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decrease in pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for the side effects and the occurrence of any potentially aberrant or non-aberrant drug related behaviors. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Oxycodone. Therefore, it cannot be determined that the injured worker would benefit significantly from the ongoing use of this medication. The documentation as submitted failed to address the frequency of the medication. Therefore, the request for 30 Oxycontin 10 mg is not medically necessary.

30 Oxycontin 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, On-Going Management Page(s): 75; 78.

Decision rationale: The request for 30 Oxycontin 20 mg is not medically necessary. The injured worker complained of low back pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant ongoing use of medications, such as Oxycodone. A complete pain assessment should be documented, which includes current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the medication, how long it takes for pain relief, and how the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decrease in pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for the side effects and the occurrence of any potentially aberrant or non-aberrant drug related behaviors. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Oxycodone. Therefore, it cannot be determined that the injured worker would benefit significantly from the ongoing use of this medication. The documentation as submitted failed to address the frequency of the medication. Therefore, the request for 30 Oxycontin 20 mg is not medically necessary.

90 Oxycodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, On-Going Management Page(s): 75; 78.

Decision rationale: The request for 90 Oxycodone 10 mg is not medically necessary. The injured worker complained of low back pain. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant ongoing use of medications, such as Oxycodone. A complete pain assessment should be documented, which includes current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the medication, how long it takes for pain relief, and how the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decrease in pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for the side effects and the occurrence of any potentially aberrant or non-aberrant drug related behaviors. The most recent clinical note failed to document evidence of quantifiable pain relief and objective functional improvement with the injured worker's use of Oxycodone. Therefore, it cannot be determined that the injured worker would benefit significantly from the ongoing use of this medication. The documentation as submitted failed to address the frequency of the medication. Therefore, the request for 90 Oxycodone 10 mg is not medically necessary.

90 Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for 90 Flexeril 10 mg is not medically necessary. The injured worker complained of low back pain. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. According to the documentation, the injured worker has been taking the Flexeril for duration in excess of 2 and half years. The request, therefore, exceeds the guideline recommendation of short term therapy. The provided medical records lacked documentation of significant objective functional improvement with the medication. The request as submitted did not specify the frequency of the medication. As such, the request for 90 Flexeril 10 mg is not medically necessary.