

Case Number:	CM14-0195624		
Date Assigned:	12/03/2014	Date of Injury:	01/31/2001
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
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 Interventional Spine 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:

The patient is a 62 year old female with an injury date of 01/31/01. Based on the 12/19/13 progress report, the patient complains of low back pain which he rates as a 6/10. She describes this pain as being achy and spasms are noted in the lumbar paraspinal muscles. There is stiffness over the lumbar spine and an antalgic gait is noted. The 02/13/14 report states that the patient continues to have low back pain and pain down the lower extremity into the buttock, thigh, and leg. The 10/03/14 report indicates that the patient has persistent low back pain which she rates as an 8/10. Her low back pain is described as being achy and stabbing like. She has "persistent lumbar radicular pain." Her right leg pain is a tingling numbness type of pain. She has dysesthesia to light touch in the right L5 and S1 dermatome. Straight leg raise is positive on the right side at 30 degrees. The patient's diagnoses include the following: Low back pain, Lumbar radiculopathy, Lumbar facetal pain. The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 11/18/13, 12/19/13, 02/13/14, and 10/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88,89,78.

Decision rationale: According to the 10/03/14 report, the patient presents with persistent low back pain which she rates as an 8/10. The request is for NORCO 10/325 MG QTY: 90 for breakthrough pain. The patient has been taking Norco as early as 11/18/13. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 11/18/13 report states that the patient rates her pain as a 7/10, strongly in the back. The 12/19/13 report indicates that the patient has "residual low back pain, a 6/10 severity... She is requesting refill of her medications, which are helping for pain." The 10/03/14 report says that the patient rates her pain as an 8/10 and "current medications are helping for pain." Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco IS NOT medically necessary.

Carisoprodol 350mg QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medication Guidelines, Muscle Relaxants, Carisoprodol (Soma, Soprodol 350, Vana.

Decision rationale: According to the 10/03/14 report, the patient presents with persistent low back pain which she rates as an 8/10. The request is for Carisoprodol 350 mg qty: 30. The patient has been taking Carisoprodol as early as 11/18/13. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodol 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. MTUS recommends requested Soma only for a short period. Soma has been prescribed in progress reports dated 11/18/13, 12/19/13, 02/13/14, and 10/03/14, which exceeds the 2 to 3 week period recommended by MTUS guidelines. Therefore, the requested Carisoprodol IS NOT medically necessary.

Right lumbar ESI at L5-S1 level with pre-procedure consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines MTUS Guidelines, Epidural steroid injections (ESIs) Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural steroid injections (ESIs), therapeutic

Decision rationale: According to the 10/03/14 report, the patient presents with persistent low back pain which she rates as an 8/10. The request is for right lumbar ESI at L5-S1 level with pre-procedure consult. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" On 02/14/14, the patient had a lumbar paramedian epidural steroid injection at the right L5-S1 level and a lumbosacral selective epidural steroid injection at the right S1 level. The 10/03/14 report states that the "patient benefits from intermittent lumbar epidural steroid blocks... Patient had several lumbar epidural blocks dated 10/19/10, 05/04/10, 04/13/09, 05/19/09, 11/02/09, 12/14/10, 02/22/11, and 02/14/14. There is no indication of what levels these lumbar epidural steroid blocks were at. In this case, the treater does not provide the reason for this request. The 10/03/14 report states that the patient has persistent lumbar radicular pain, tingling down her right leg, and a positive straight leg raise on the right. MTUS requires at "least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. There are no discussions provided regarding how the prior epidural steroid injections impacted the patient's pain and function. Furthermore, there are no imaging studies provided. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Therefore the requested lumbar epidural steroid injection IS NOT medically necessary.

Right lumbar ESI at L4-L5 level with pre-procedure consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines MTUS Guidelines, Epidural steroid injections (ESIs) Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural steroid injections (ESIs), therapeutic

Decision rationale: According to the 10/03/14 report, the patient presents with persistent low back pain which she rates as an 8/10. The request is for right lumbar ESI at L4-L5 level with pre-procedure consult. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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." ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" On 02/14/14, the patient had a lumbar paramedian epidural steroid injection at the right L5-S1 level and a lumbosacral selective epidural steroid injection at the right S1 level. The 10/03/14 report states that the "patient benefits from intermittent lumbar epidural steroid blocks... Patient had several lumbar epidural blocks dated 10/19/10, 05/04/10, 04/13/09, 05/19/09, 11/02/09, 12/14/10, 02/22/11, and 02/14/14." There is no indication of what levels these lumbar epidural steroid blocks were at. In this case, the treater does not provide the reason for this request. The 10/03/14 report states that the patient has persistent lumbar radicular pain, tingling down her right leg, and a positive straight leg raise on the right. MTUS requires at "least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. There are no discussions provided regarding how the prior epidural steroid injections impacted the patient's pain and function. Furthermore, there are no imaging studies provided. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Therefore the requested lumbar epidural steroid injection IS NOT medically necessary.