

Case Number:	CM15-0001199		
Date Assigned:	01/12/2015	Date of Injury:	01/07/2004
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 a 45 year old female patient who sustained a work related injury on 01/07/2004. The diagnoses include radicular syndrome of lower limbs, displacement of lumbar intervertebral disc without myelopathy, cervical radiculitis, Carpal Tunnel Syndrome and polysubstance dependence. According to a progress report dated 12/02/2014, she had complaints of low back pain, neck pain and shoulder pain. According to the provider, the Epidural Steroid Injection in April 2014 helped significantly, but then she was doing lots of house work for Thanksgiving and her back and leg pain returned. She was having new pain over the left side of neck that was radiating to left 2, 3, 4 fingers with numbness. Tingling over the fingers has been for 2 months. Siting made her neck and back hurt. She had neuropathic pain. Phalen's test was positive. The medications list includes hydromorphone, piroxicam and norco. She has had lumbar spine MRI dated 6/5/2013 which revealed L4-5 paracentral disc protrusion impinging. According to a progress report dated 04/16/2014, she had Lumbar Epidural Steroid Injection 6 days ago and was still waiting on results. She continued to have episodes for flare up back pain. The provider noted, consider second Epidural Steroid Injection. According to a progress report dated 09/04/2014, the Lumbar Epidural Steroid Injection helped her pain significantly up to 80 percent and she was able to drive better. According to the provider, CURES PAR on 04/16/2014 was consistent with the prescriptions and that they were the only providers issuing narcotics for the injured worker. He also noted that there was no need for a Urine Drug Toxicology since she did not take pain med regularly. Urine Drug Screenings, Risk Assessments or a Pain Contract was not submitted for review. Plan of care included repeat Lumbar Epidural Steroid Injection,

cervical spine x-ray and MRI. On 12/11/2014, Utilization Review non-certified Bilateral L4-L5 Lumbar Epidural Steroid Injections Series of 3 (62311) and Norco 5/325mg 1 tab every 6 hours #60. According to the Utilization Review physician, documentation noted that there was improvement in the injured worker's daily activity with treatment but it did not specify as to which treatment that she benefited from. The examination noted numbness and tingling but did not specify which body region. Documentation did not describe how her activities improved. Documentation was also lacking any adverse side effects she had experienced with medication or medication compliance by way of a urine drug test. In regards to the Epidural Steroid Injection, documentation did not note any improvements in pain or function since the Epidural Steroid Injection in April. Also guidelines specify that a series of three injections is not supported by research. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, Opioids page 78 and Epidural Steroid Injections page 46. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Lumbar Epidural Steroid Injection, Series of 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): page 46.

Decision rationale: The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections states: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Per the cited guideline criteria for ESI are 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 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. He has had a lumbar epidural steroid injection in 4/2014. The records provided do not specify objective documentation of at least 50% improved functional response and decrease in need for pain medications, for a duration six to eight weeks with prior lumbar steroid injections. In addition, evidence of radiculopathy-documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing is not specified in the records provided. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The patient's response to the active treatment program is not specified in the records provided. A plan to accompany the proposed ESI with active rehab efforts is not specified in the records provided. As stated above, ESI alone

offers no significant long-term functional benefit. The medical necessity of Bilateral L4-L5 Lumbar Epidural Steroid Injection, Series of 3 is not fully established for this patient.

Norco 5/325mg 1 Tab Q6H #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Norco 5/325mg 1 Tab Q6H #60 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. According to the provider, CURES PAR on 04/16/2014 was consistent with the prescriptions and that they were the only providers issuing narcotics for the injured worker. However any urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg 1 Tab Q6H #60 is not established for this patient.