MAXIMUS Federal Services

Case Number:	CM15-0003716		
Date Assigned:	01/14/2015	Date of Injury:	12/05/2000
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male who reported an injury on 12/05/2000. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post lumbar spine surgery, hypertension, status post right shoulder surgery times 2 and status post right knee surgery/ankle surgery. Past medical treatments consist of surgery, physical therapy and medication therapy. Medications include Norco, Protonix, Provigil and Zipsor. Physical examination of the lumbar spine noted tenderness to palpation at the L4-5. There was spasm over the right side and over left side. Trigger points L4, L5, sciatic and sciatic on the left. Range of motion was reduced by 25%. Sensory and motor examination was normal. The injured worker's treatment plan is for the injured worker to continue with medication therapy and undergo caudal epidural steroid injection. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection: Upheld

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 Epidural steroid injections Page(s): 46.

Decision rationale: The request for caudal epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An 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. Criteria for the use of ESI are as follows: Radiculopathy must be documented by physical examination and corroborated by imaging studies; be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy; and no more than 2 nerve root levels should be injected using transforaminal blocks. The submitted documentation did not indicate any diagnostics or imaging to corroborate the diagnosis of radiculopathy. Additionally, the request as submitted did not specify the use of fluoroscopy. Given that there are no other significant factors submitted for review to justify the use outside of current guidelines the request would not be indicated. As such, the request is not medically necessary.

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The request for Norco 10/325 with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior and side effects. Accumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping any functional deficits the injured worker had. Additionally, there were no assessments submitted for review showing what pain levels were before, during and after medication administration. There were also no UAs or drug screens submitted for review showing that the injured worker was compliant with prescription medications. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

Zipsor 25 mg, ninety count with one refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The request for Zipsor 25 mg with a 90 count and 1 refill is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker had. There was no documented decrease of pain. Furthermore, it was noted the injured worker had been using the medication since at least 12/2014, exceeding recommended guideline criteria for short term use. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request is not medically necessary.