

Case Number:	CM15-0007498		
Date Assigned:	01/22/2015	Date of Injury:	03/21/2008
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male who reported an injury on 03/21/2008. The mechanism of injury was not provided. Diagnoses include back pain, postlaminectomy syndrome of the lumbar region, degenerative disc disease, restless leg syndrome, myofascial pain syndrome, anxiety, insomnia, status post laminectomy and decompression discectomy. Past treatments were noted to include Skelaxin, Norco, OxyContin, Ambien, surgery, transforaminal epidural steroid injection, and caudal injection. An MRI of the lumbar spine revealed pedicle screws at the L5-S1 level with some impingement of the right midline due to a combination of disc protrusion, granulation tissue, and some marginal osteophytosis. On 12/08/2014, it was indicated the injured worker had 50% relief and increased functioning from the previous epidural steroid injection performed on 07/28/2014. He reported his pain is 7/10 with the use of medication and 9/10 without the use of medication. Upon physical examination, it was indicated the injured worker has a positive straight leg raise and decreased sensation to the S1 dermatome. Medications were noted to include Norco 10/325 mg and OxyContin 80 mg. The treatment plan was noted to include medications, urine drug screen, and lab studies, repeat ESI and caudal, and daily exercises. A request was received for Norco 10/325 mg, quantity: 240, transforaminal epidural steroid injection at L5-S1, quantity: 1, caudal injection, quantity: 1 as the patient has failed conservative care, corresponding examination findings, MRI findings, and excellent result from past identical procedure for similar symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 80-81, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did indicate the patient's pain with and without the use of medications; however, it was not indicated specifically how Norco benefited him and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify frequency and duration of use. As such, the request for Norco 10/325 mg, quantity: 240 is not medically necessary.

Transforaminal Epidural Steroid Injection at L5-S1, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute and Chronic)

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are to reduce pain and inflammation thereby facilitating the progress in an active therapeutic exercise program. The guidelines indicate that repeat injections are based upon the previous injection giving at least a 50% pain relief, reduction in medications for 6 to 8 weeks, and quantitative objective findings noting functional improvement. The clinical documentation submitted for review indicated the injured worker had 50% pain relief and functional improvement; however, it was not indicated how long the injured worker had such relief, there is no documentation regarding reduction in pain medication, and there are no quantitative objective findings regarding functional improvement. Consequently, the request is not supported by the evidence based guidelines. As such, the request for transforaminal epidural steroid injection at L5-S1, quantity: 1 is not medically necessary.

Caudal Injection, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute and Chronic)

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are to reduce pain and inflammation thereby facilitating the progress in an active therapeutic exercise program. The guidelines indicate that repeat injections are based upon the previous injection giving at least a 50% pain relief, reduction in medications for 6 to 8 weeks, and quantitative objective findings noting functional improvement. The clinical documentation submitted for review indicated the injured worker had 50% pain relief and functional improvement; however, it was not indicated how long the injured worker had such relief, there is no documentation regarding reduction in pain medication, and there are no quantitative objective findings regarding functional improvement. Consequently, the request is not supported by the evidence based guidelines. As such, the request for caudal injection, quantity: 1 is not medically necessary.