

Case Number:	CM15-0103767		
Date Assigned:	06/08/2015	Date of Injury:	03/30/2000
Decision Date:	07/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic low back and upper extremity pain reportedly associated with an industrial injury of March 30, 2000. In a utilization review report dated May 1, 2015, the claims administrator failed to approve a request for a caudal epidural steroid injection, partially approved a request for MS Contin, denied a request for oxycodone, and denied a request for Protonix. The claims administrator referenced an April 27, 2015 RFA form in its determination. The full text of the UR decision was not, it was incidentally noted, attached to the application. On February 24, 2015, the applicant reported ongoing complaints of low back pain status post multiple failed lumbar spine surgeries. The applicant was placed off of work, on total temporary disability. The applicant was considering another hardware removal surgery, it was noted. It was stated that the applicant had undergone 13 lumbar spine surgeries. The applicant was on Neurontin, oxycodone, Norflex, Robaxin, Protonix, MS Contin, senna, and MiraLax, it was reported. The note was difficult to follow and mingled historical issues with current issues. The applicant was obese, standing 5 feet 8 inches tall and weighing 220 pounds. The applicant had developed issues with reflex sympathetic dystrophy (RSD) superimposed on lumbar radiculopathy, it was acknowledged. The applicant was given multiple medication refills and asked to try and cease smoking. On March 4, 2015, the treating provider stated that the applicant's pain complaints had proven recalcitrant to a pain management program. The applicant had apparently been frequently visiting the emergency department owing to alleged flares of pain, it was reported. Lumbar spine x-rays and further spine surgery were proposed. On May 22, 2015, the applicant reported ongoing complaints of low

back pain. The applicant was placed off of work, stated in one section of the note. In another section of the note, it was stated that the applicant had been deemed permanently disabled. The applicant reported weakness and falling. The applicant had developed psychological issues and despondent secondary to pain. The applicant's medications were waning in efficacy, it was acknowledged. The applicant was going to the emergency department more frequently for alleged flares of pain. The applicant's medication list included MiraLax, senna, MS Contin, Protonix, oxycodone, baclofen, and Pamelor, it was reported. The applicant denied usage of any illicit substances. The attending provider suggested that the applicant was worsened. The attending provider suggested that the applicant needed a possible repeat spine surgery, continued access to medications, continued access to periodic Botox injections, periodic lumbar sympathetic blocks, and epidural steroid injection therapy. It was suggested (but not clearly stated) that the request for the epidural steroid injection represented a request for a repeat epidural steroid injection. Pamelor, MS Contin, oxycodone, MiraLax, senna, Protonix, and baclofen were all continued and/or renewed.

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 (ESIs) Page(s): 46.

Decision rationale: No, the request for a caudal epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection can be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, as acknowledged above. The applicant had been deemed permanently disabled owing to his various chronic pain complaints. The applicant was seemingly receiving both Workers' Compensation Indemnity benefits and disability insurance benefits, it was reported. The earlier epidural steroid injection(s) had seemingly failed to curtail the applicant's dependence on opioid agents such as MS Contin and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite seeming receipt of earlier epidural steroid injection therapy at various points of the request of the claim. Therefore, the request for a repeat epidural steroid injection was not medically necessary.

MS Contin 30 MG #90: 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 6) Michna - Predicting aberrant drug behavior based on abuse history; 7) When to Continue Opioids
Page(s): 86; 80.

Decision rationale: Similarly, the request for MS Contin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines, frequent visits to an emergency department are suggestive of aberrant behavior and possible prescription drug abuse. Here, the attending provider reported on multiple office visits, referenced above, including on May 22, 2015, that the applicant was in fact frequently visiting the emergency department owing to reported flares in pain. Page 86 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that dependence on cigarettes is another risk factor for aberrant drug behavior. Here, the applicant was described as a smoker on multiple office visits, referenced above, including on May 22, 2015. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, namely, the applicant failed to return to work. The multiple progress notes, referenced above, suggested that the applicant's pain complaints were heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing usage of MS Contin. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.

Oxycodone HCL 15 MG #120: 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 6) Michna - Predicting aberrant drug behavior based on abuse history; 7) When to Continue Opioids
Page(s): 86; 80.

Decision rationale: Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines, risk factors for aberrant opioid usage include frequent visits to the emergency department and/or concurrent tobacco dependence. Here, the applicant was described as a smoker. The applicant was making frequent visits to the emergency department owing to alleged flares in pain. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, namely, the applicant failed to return to work. The applicant's pain complaints were heightened from visit to visit as opposed to reduced from visit to visit despite ongoing oxycodone usage. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of the same. The fact that the applicant was having weakness and reportedly falling on May 22, 2015, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with oxycodone. Therefore, the request was not medically necessary.

Pantoprazole DR 40 MG #30 with 1 Refill: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Finally, the request for pantoprazole (Protonix), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia, here, however, there is no explicit mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple office visits, referenced above, including on May 22, 2015. On that date, there was no mention of the applicant's having any issues with dyspepsia, either in the body of the report, the past medical history section of the same, and/or in the review of systems section of the same. Therefore, the request was not medically necessary.