

Case Number:	CM15-0140386		
Date Assigned:	07/30/2015	Date of Injury:	12/28/2009
Decision Date:	09/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 (IW) is a 51-year-old male who sustained an industrial injury 12-28-2009. Diagnoses include status post L5-S1 lumbar fusion with persistent lumbago; MRI finding of moderate bilateral foraminal stenosis from disc height loss with radiculopathy, right worse than left; bilateral lumbar radiculopathy worse on the right; and chronic intractable pain. Treatment to date has included medications, epidural steroid injections, physical therapy, rest, activity modification, home exercise program and spinal fusion. According to the progress notes dated 6-4-2015, the IW reported low back pain rated 8-9 out of 10. On examination he was very restless and unable to keep a good posture or sit on a chair. His gait was antalgic and he used a cane. There was severe tenderness over the lumbar paraspinal muscles and gluteus, greater on the left, as well as over the L5-S1 vertebral interspaces. Motor strength was decreased slightly and there was decreased sensation in the bilateral L5 dermatomes. Sitting straight leg raise was positive bilaterally at 40 to 50 degrees. A recent MRI showed the lumbar spine fusion of L5-S1, but grade I spondylolisthesis with moderate bilateral neuroforaminal narrowing. X-rays from 3-26-2015 showed retrolisthesis of L4 on L5 by 4mm with facet arthropathy and 15 degrees of scoliosis with the apex at L4-5; and significant foraminal stenosis on both sides of L5, moderate on the right and severe on the left. A request was made for bilateral L5-S1 lumbar transforaminal epidural steroid injection for treatment of pain and to keep the IW functional; Percocet 10/325mg, #90 for breakthrough pain; Butrans 10mcg/hour patch, #4 for long acting opioid; and Flurbiprofen topical cream, 240mg for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 S1 Lumbar Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-7.

Decision rationale: Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, the patient has fusion at L5-S1, and grade I spondylolisthesis is noted at that level. A progress note from 7/2/15 documents that there is subtle weakness in motor exam on the lower extremity graded 5-/5. There are also neural tension signs. ESI are known to be beneficial at least for short term. With the understanding that this is a temporizing measure, it is reasonable to trial TFESI. Given this, the currently requested lumbar epidural steroid injection is medically necessary.

Percocet 10/325mg quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress note dated 7/2/2015. The patient did not report any side effects. The patient is noted to have pain reduction on Percocet more so than Norco, which was switched a few months previously. Since the dosages of narcotics are still being adjusted, and

there is documentation of the medication helping with function, this request is medically necessary.

Butrans 10mcg/HR patch quantity 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, buprenorphine Page(s): 75-80, 26-27.

Decision rationale: Regarding the request for Butrans (buprenorphine), the CA MTUS does not explicitly address the drug buprenorphine in patch form. The Chronic Pain Medical Treatment Guidelines has guidelines on buprenorphine for detoxification, but it should be noted that since the authorship of the MTUS, the FDA has approved Butrans for pain management. It is an opioid agonist/antagonist, and therefore there is abuse potential. Per the CPMTG, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use as for any opioid. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is apparent the requesting provider is trying to stabilize the patient's occasionally poorly controlled pain with the addition of this agent to a regimen of short acting opioid. Since the patient continues with severe breakthrough pain, the addition of this medication is reasonable as a trial. Note that the provider should continue monitor the 4 A's. The current request is medically necessary.

Flurbiprofen Topical cream 240mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 112.

Decision rationale: Regarding the request for topical flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical flurbiprofen is not medically necessary.