MAXIMUS Federal Services

Case Number:	CM15-0140770		
Date Assigned:	07/31/2015	Date of Injury:	12/10/2013
Decision Date:	09/25/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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

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 56-year-old female, who sustained an industrial injury on 12-10-2013. The current diagnoses are carpal tunnel syndrome and complex regional pain syndrome of the upper extremity, type I and II. According to the progress report dated 7-7-2015, the injured worker complains of neck, low back, hands, and wrist pain. The pain is described as constant, aching, sharp, shooting, throbbing, and burning. Her lumbar spine pain radiates outward and down into the L3 distribution bilaterally. On average, she rates her pain as 7 out of 10, and at its worst 8 out of 10. The physical examination of the lumbar spine reveals tenderness in the bilateral paravertebral regions at the L3-L4 levels. Reverse straight leg raising test is positive. Examination of the wrists reveal positive Tinel's, carpal tunnel compression, and Phalen's test. The current medications are Tylenol EX, Norco, Lidopro, and Percocet. There is documentation of ongoing treatment with Percocet since at least 2-2-2015. Treatment to date has included medication management, home exercises, MRI studies, electrodiagnostic testing, ganglion block, and surgical intervention. MRI of the lumbar spine from June 2015 shows previous lumbar fusion at the L4-5 and L5-S1 levels, severe stenosis because of disc herniation as well as market facet hypertrophy at the L3-L4 level. Work status was described as modified duty since at least 2-2-2015. A request for Percocet and bilateral L3 transforaminal epidural steroid injection has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The patient was injured on 12/10/13 and presents with pain in her neck, hands, and wrist. The request is for a bilateral L3 transforaminal epidural steroid injection. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is to return to modified work if available. Review of the reports does not indicate if the patient had a prior ESI of the lumbar spine. MTUS Guidelines, Epidural Steroid Injections, page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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." There is tenderness in the bilateral paravertebral regions at the L3-L4 levels and a positive reverse straight leg raise. She is diagnosed with carpal tunnel syndrome and complex regional pain syndrome of the upper extremity, type I and II. The June 2015 MRI of the lumbar spine revealed facet hypertrophy at the L3-L4 level. MRI does not show any pathologies consistent with potential nerve root lesion. In the absence of a clear dermatomal distribution of pain corroborated by imaging, ESI is not indicated. The requested lumbar spine epidural steroid injection is not medically reasonable.

Percocet 10/325mg #112: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 12/10/13 and presents with pain in her neck, hands, and wrist. The request is for Percocet 10/325MG #112. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is to return to modified work if available. She has been taking this medication as early as 12/08/14 and treatment reports are provided from 12/08/14 to 07/07/15. MTUS Guidelines, Criteria for use of Opioids (Long- Term Users of Opioids), pages 88 and 89 state: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 06/22/15 report states that she rates her pain as a 7/10 on average and an 8/10 at its worst. "With the current doses of medications the patient is able to perform all of her activities of daily living which include household work which includes cooking, cleaning, washing dishes, grocery shopping. Her pain score reduces by 30-60% with

use of medications.
Her urine drug screens and CURES reports are consistent. She is compliant with her use of medications. We do not detect any illicit substances. She has signed an opioid agreement." In this case, all of the 4A's are addressed as required by MTUS Guidelines. There are medication pain scales provided, examples of ADLs, which demonstrate medication efficacy, and no documented adverse behavior/side effects documented. The treating physician provides adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet is medically necessary.