

Case Number:	CM15-0147528		
Date Assigned:	08/10/2015	Date of Injury:	11/01/2010
Decision Date:	09/10/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 1, 2010. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve requests for Norco and multilevel transforaminal epidural blocks at L4-L5 and L5-S1. The claims administrator referenced a July 14, 2015 RFA form in its determination, along with an associated progress note of July 10, 2015. The applicant's attorney subsequently appealed. On July 30, 2015, the claimant reported ongoing complaints of low back pain, 9/10. The claimant reported derivative complaints of disturbed sleep and radicular symptoms about the bilateral lower extremities. Repeat epidural blocks were sought. The claimant was asked to continue unspecified medications in the interim. The claimant's work status was not furnished. In an appeal letter dated July 28, 2015, the attending provider stated that the claimant did in fact have radiographically confirmed radiculopathy. The attending provider contended that the applicant had profited from earlier epidural steroid injection, including a prior epidural injection of February 2015. The attending provider noted that the claimant was using Norco and Cymbalta. The attending provider did not, however, report the applicant's work status. On July 10, 2015, the applicant reported ongoing complaints of low back pain radiating to bilateral lower extremities. The applicant was on Norco, Cymbalta, and Neurontin, it was reported. The attending provider posited that the applicant had had multiple transforaminal epidural steroid injections which had generated significant pain relief. The applicant had had her most recent set of epidural injections in February 2015, it was reported. The applicant was described as having a

radiographically- confirmed radiculopathy and/or radiographically-confirmed spinal stenosis but had apparently declined to pursue surgical intervention for the same. Hyposensorium was noted about the left leg. Repeat epidural steroid injections, Cymbalta, and home exercises were sought. Norco and Neurontin were also renewed. It was suggested (but not clearly stated) that the applicant was working. The attending provider posited that the applicant's ability to ride in a car, perform better activities of daily living, etc., had all been ameliorated as a result of ongoing medication consumption and/or the previous epidural injection. On February 12, 2015, the applicant was described as using medical marijuana for pain control purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are engaged in usage of illicit drugs. Here, the applicant's pain management physician reported that the applicant was in fact using marijuana on February 12, 2015. Discontinuing Norco, thus, was a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

1 bilateral L4-L5 and L5-S1 transforaminal nerve blocks: 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 (ESIs) Page(s): 46.

Decision rationale: Similarly, the request for multilevel lumbar transforaminal blocks at L4-L5 and L5-S1 was not medically necessary, medically appropriate, or indicated here. As acknowledged by the requesting provider, the request did in fact represent a request for a repeat epidural steroid injection. The attending provider himself reported on July 10, 2015 that the applicant had had "multiple" such epidural steroid injections over the course of the claim. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes that most current guidelines recommend no more than two epidural steroid injections. Here, thus, the request in question represents a request for treatment in excess of MTUS parameters. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat

blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant had only derived fleeting analgesia with earlier blocks. The earlier epidural steroid injections failed to curtail the applicant's dependence on opioid agents such as Norco, illicit substances such as marijuana, and/or adjuvant medications such as Neurontin and Cymbalta. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior epidural steroid injections over the course of the claim. Therefore, the request was not medically necessary.