MAXIMUS Federal Services

Case Number:	CM15-0147696		
Date Assigned:	08/10/2015	Date of Injury:	09/21/2001
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 53 year old female who sustained an industrial injury on 09/21/2001. The injured worker was diagnosed with post lumbar laminectomy syndrome, lumbar radiculopathy and mood disorder. The injured worker is status post lumbar fusion (no date documented). Treatment to date has included diagnostic testing, surgery, spinal cord stimulator (SCS) implant, lumbar epidural steroid injections, acupuncture therapy, physical therapy, gym exercises and medications. According to the primary treating physician's progress report on June 25, 2015, the injured worker continues to experience low back pain and sleep difficulty. The injured worker rates her pain level at 7.5 out of 10 on the pain scale with medications and 8.5 out of 10 without medications. Examination of the lumbar spine demonstrated tenderness to palpation and spasms of the paravertebral muscles with bilateral tight muscle band. Trigger point with radiating pain and twitch response was documented at the paraspinal muscles bilaterally. Range of motion was restricted due to pain with flexion at 75 degrees and extension at 10 degrees. Tenderness was noted over the right trochanter. Motor strength of the extensor hallucis longus muscle and ankle dorsi flexor was 4 out of 5 bilaterally and knee extensors and flexors were 5 out of 5. Light touch sensation was decreased over the lateral foot bilaterally. Deep tendon reflexes noted 1 out of 4 bilateral ankle jerks and absent patellar reflexes bilaterally. Straight leg raise test was positive bilaterally. Waddell's was negative. The injured worker ambulates with a slow, antalgic gait without assistive devices. Current medications are listed as Fioricet, Nucynta 100mg, Nucynta ER 100mg, Ambien, Cymbalta, Topamax, Colace and Senokot. Treatment plan consists of continuing with the gym, yoga, medications, spinal cord stimulator and the current request for Nucynta ER 100mg and a transforaminal epidural steroid injection at L5 and S1 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nucynta ER 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. There is no clear evidence and documentation from the patient's file of functional improvement and/or significant reduction of pain severity from the previous use of Nucynta. Therefore the prescription of Nucynta ER 100mg #60 with 1 refill is not medically necessary.

1 transforaminal epidural steroid injection at L5 and S1 on the right: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Therefore, the request for transforaminal epidural steroid injection at L5 and S1 on the right is not medically necessary.