

Case Number:	CM15-0163644		
Date Assigned:	08/31/2015	Date of Injury:	10/12/1999
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

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 is a 52 year old female who sustained an industrial-work injury on 10-12-99. She reported an initial complaint of back pain. The injured worker was diagnosed as having chronic pain, lumbosacral neuritis, sacroiliitis, sciatica, and lumbar disc displacement. Treatment to date includes medication and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was done on 10-18-05 and reports proximal abnormality at the L4-5 distribution on the right. Currently, the injured worker complained of bilateral lower back pain, pain to buttocks, and pain that radiated down both legs with numbness and tingling. Pain is reported at 5 out of 10 and worst at 10 out of 10. Per the primary physician's report (PR-2) on 8-5-15, exam noted diffuse facet tenderness bilaterally, positive facet loading, spine extension is restricted and painful, lower back right and left tilt causes pain and there is pain with flexion as well. The requested treatments include outpatient lumbar epidural steroid injection (LESI) at levels L4-L5, Norco 10/325 mg, and Doxepin 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection (LESI) at levels L4-L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1999 and continues to be treated for shoulder, neck, and radiating back pain. Treatments have included epidural injections with an injection in August 2008 providing 50% pain relief lasting for three months. Electrodiagnostic testing in October 2005 included findings of lumbar radiculopathy and an MRI is referenced as showing an L4-5 disc protrusion with neuroforaminal narrowing. When seen, Norco and Kadian were being prescribed with a reported 50% relief of pain. She was having back pain radiating into both lower extremities with numbness and tingling and hypersensitivity. Physical examination findings included suboccipital/occipital tenderness. There were multiple 10 to points consistent with a diagnosis of fibromyalgia. There was bilateral facet tenderness with positive facet loading. There was decreased and painful lumbar spine range of motion. Medications were refilled. The total MED (morphine equivalent dose) was 50 mg per day. Doxepin was prescribed for insomnia as she was having difficulty sleeping due to pain. Authorization for a repeat epidural injection was requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than four blocks per region per year. In this case, the claimant has radicular symptoms and the previous epidural steroid injection provided 50% pain relief lasting for three months. The requested epidural injection is within applicable guidelines and is medically necessary.

Norco 10/325 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1999 and continues to be treated for shoulder, neck, and radiating back pain. Treatments have included epidural injections with an injection in August 2008 providing 50% pain relief lasting for three months. Electrodiagnostic testing in October 2005 included findings of lumbar radiculopathy and an MRI is referenced as showing an L4-5 disc protrusion with neuroforaminal narrowing. When seen, Norco and Kadian were being prescribed with a reported 50% relief of pain. She was having back pain radiating into both lower extremities with numbness and tingling and hypersensitivity. Physical examination findings included suboccipital/occipital tenderness. There were multiple 10 to points consistent with a diagnosis of fibromyalgia. There was bilateral facet tenderness with positive facet loading. There was decreased and painful lumbar spine range of motion. Medications were refilled. The total MED (morphine equivalent dose) was 50 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no

longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing 50% decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Doxepin 10 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Morgenthaler T; Kramer M; Alessi C et al. Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report. Sleep 2006;29 (11): 1415-1419.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1999 and continues to be treated for shoulder, neck, and radiating back pain. Treatments have included epidural injections with an injection in August 2008 providing 50% pain relief lasting for three months. Electrodiagnostic testing in October 2005 included findings of lumbar radiculopathy and an MRI is referenced as showing an L4-5 disc protrusion with neuroforaminal narrowing. When seen, Norco and Kadian were being prescribed with a reported 50% relief of pain. She was having back pain radiating into both lower extremities with numbness and tingling and hypersensitivity. Physical examination findings included suboccipital/occipital tenderness. There were multiple 10 to points consistent with a diagnosis of fibromyalgia. There was bilateral facet tenderness with positive facet loading. There was decreased and painful lumbar spine range of motion. Medications were refilled. The total MED (morphine equivalent dose) was 50 mg per day. Doxepin was prescribed for insomnia as she was having difficulty sleeping due to pain. Doxepin is a tricyclic antidepressant that is used for the treatment of insomnia characterized by difficulties with sleep maintenance. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the claimant has difficulty sleeping due to pain. Attempting further treatment of his nighttime pain would potentially be effective. Continued prescribing of doxepin was not medically necessary.