MAXIMUS Federal Services

Case Number:	CM15-0164539		
Date Assigned:	09/01/2015	Date of Injury:	11/02/2004
Decision Date:	10/20/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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, 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 49-year-old male, who sustained an industrial injury on November 2, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar spine discopathy, lumbar spine radiculopathy, lumbar facet syndrome, cervical spine radiculopathy and cervical spine discopathy. Treatment to date has included diagnostic studies, medication, physiotherapy, rest, and exercise and chiropractic treatment. The injured worker was noted to have failed conservative treatment. On June 25, 2015, the injured worker complained of lumbar spine pain rated as a 7 on a 1-10 on the pain scale without medication. He stated his pain remained unchanged from a prior visit. The treatment plan included a bilateral L3-4 and L4-5 transforaminal epidural injection. A request was made for right L3-4 transforaminal epidural steroid injection, left L3-4 and bilateral L4-5 transforaminal epidural steroid injections, Soma 350mg, Protonix 20mg, Percocet 10-325mg and random urinary drug screening per June 25, 2015 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 Transforaminal Epidural Steroid Injection per 6/25/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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's MRI revealed L3-L4 and L4-L5 3mm midline disc protrusions with abutment of descending L4 and L5 nerve roots bilaterally. The guidelines recommend at most 2 levels of transforaminal injections in one session. This request in combination with the other ESI request constitutes bilateral ESIs at two lumbar levels. Given this, the currently requested lumbar epidural steroid injection is medically necessary.

Left L3-4 and Bilateral L4-5 transforaminal epidural steroid injections per 6/25/15 order QTY: 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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's MRI revealed L3-L4 and L4-L5 3mm midline disc protrusions with abutment of descending L4 and L5 nerve roots bilaterally. The guidelines recommend at most 2 levels of transforaminal injections in one session. This request in combination with the other ESI request constitutes bilateral ESIs at two lumbar levels. Given this, the currently requested lumbar epidural steroid injection is medically necessary.

Soma 350mg per 6/25/15 order #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be be riskier in this regard than some other muscle relaxants. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested carisoprodol (Soma) is not medically necessary.

Protonix 20mg per 6/25/15 order #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of Omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

Percocet 10/325mg per 6/25/15 order #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, specific drug list.

Decision rationale: Regarding the request for Percocet (Oxycodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Percocet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved

function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function or pain. However, recent urine drug screens from 1/2015, 3/2015, and 7/2014 showed inconsistent use of narcotic medication along with marijuana use. It does not appear that the ordering provider has addresses this issue. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (Oxycodone/acetaminophen) is not medically necessary.

Random Urinary Drug Screening per 6/25/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substances. There is documentation of inconsistent drug use from urine drug screens on 1/2015, 3/2015, and 7/2014. However, there is no risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.