

Case Number:	CM15-0165517		
Date Assigned:	09/04/2015	Date of Injury:	05/28/1998
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This is a 49-year-old male injured on 05-28-1998. A review of the medical records indicated the injured worker (IW) was being treated for lumbar degenerative disc disease and sacroiliac (SI) joint arthropathy. According to the records dated 6-3-2015, the IW reported pain rated 7 out of 10 at its worst and 4 out of 10 at its lowest in the last week, which was unchanged from the notes on 4-8-2015. He received spinal nerve blocks on 4-28-2015 that had relieved much of his pain and his mood was improved. The spinal cord stimulator had been adjusted without significant improvement. The treating physician's 8-4-2015 report indicated the effects of the nerve blocks had "worn off" and his pain was rated 8 out of 10 at its worst and 7 out of 10 at its lowest. The IW was using the spinal cord stimulator more frequently, although the unit itself was causing tenderness at the insertion site. Per this report, the IW was not working. The physical exams documented on 6-3-2015 and 8-4-2015 indicated the IW had increased pain and he was unable to tolerate strength testing of the lower extremities. Treatments have included spinal nerve blocks on 4-28-2015, pain medications (oxycodone, hydromorphone), a spinal cord stimulator and physical therapy (PT) with home exercise program. Records on 4-8-2015 stated the IW had several sessions of PT, with increased strength but no change in ROM, symptoms or progress. The original utilization review on 8-10-2015 denied the request for OxyContin 40mg, #90 for two months, for the TENS unit purchase with electrode pads, #4 packages for six months and for repeat L5, S1, S2 and S3 injections (bilateral) citing CA MTUS ACOEM guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 MG #90 x 2 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and 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." Based on the patient's chart, there is no clear rationale behind the use of high dose of opioids. The patient has been using Oxycontin 40mg #90 x2 and Oxycodone 5mg #180 without clear documentation of pain and functional improvement. Therefore, the prescription of Oxycontin 40 mg #90 is not medically necessary.

Purchase TENS Unit Electrode Pads #4 Packages x 6 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one-month trial of TENS. The provider should document how TENS will improve the functional status and

the patient's pain condition. Therefore, the request to Purchase TENS Unit Electrode Pads #4 Packages is not medically necessary.

Repeat L5, S1, S2, S3 Injections, Bilateral Lumbar Spine: 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 MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." According to ODG guidelines regarding facets injections, "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial." Furthermore and according to ODG guidelines, "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. . There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection." The patient underwent posterior division nerve blocks at the bilateral L5, S1, S2, and S3 nerves on April 28, 2015; however, there is no documentation of functional improvement or reduction of medication usage. Therefore, the request for Repeat L5, S1, S2, S3 Injections, Bilateral Lumbar Spine is not medically necessary.