

Case Number:	CM15-0166660		
Date Assigned:	09/04/2015	Date of Injury:	01/19/2011
Decision Date:	10/19/2015	UR Denial Date:	07/25/2015
Priority:	Standard	Application Received:	08/25/2015

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: Arizona, Michigan

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 injured worker is a 69-year-old male, who sustained an industrial injury on 1-19-11. He reported a low back injury following a motor vehicle accident. The injured worker was diagnosed as having status post motor vehicle accident, lumbosacral sprain-strain injury, lumbosacral disc injury with disc bulge. Treatment to date has included lumbar epidural steroid injections; trigger point injections, oral medications including Norco, Naprosyn and activity modifications. Currently on 7-17-15, the injured worker complains of still having a lot of pain. Work status is noted to be temporarily partially disabled. Physical exam performed on 7-17-15 revealed lumbosacral tenderness to palpation with pain on range of motion and no sedation noted. The treatment plan included continuation of Norco and Naprosyn, a request for electro-acupuncture treatment and a request for lumbar epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection under fluoroscopic guidance: 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): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and /or electro diagnostic testing. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with a general recommendation of no more than 4 blocks per region per year. However, a review of the injured workers medical records that are available to me does not reveal any documentation of his prior response to ESI including reduction in pain and functional improvement, without this information it is not possible to determine medical necessity, therefore the request for Lumbar epidural injection under fluoroscopic guidance is not medically necessary.

6 sessions of electroacupuncture with infrared myofascial release: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Infrared therapy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Acupuncture Treatment 2007.

Decision rationale: Acupuncture with electrical stimulation is the use of electrical current on the needles at the acupuncture site. It is indicated for chronic pain, radiating pain along a nerve pathway, muscle spasm or pain in multiple sites. According to ACOEM guidelines, acupuncture has not been found effective in the management of back pain. In this case, the injured worker has low back pain. Therefore, the request for 6 sessions of electro acupuncture with infrared myofascial release is not medically necessary.

Unknown prescription of Norco: 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: According to the CA MTUS, Norco is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A

pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit, intensity of pain after taking the opiate or duration of pain relief. Work status is noted to be temporarily partially disabled. The injured worker has utilized Norco for over 2 years. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Medical necessity of the requested item has not been established. The requested medication is not medically necessary.

Unknown prescription of Naprosyn: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: Naprosyn is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. CA MTUS guidelines state that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. The injured worker has utilized Naprosyn for over 2 years. There was no documentation of subjective or objective benefit from use of this medication. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.