

Case Number:	CM15-0181463		
Date Assigned:	09/22/2015	Date of Injury:	03/17/2010
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 23, 2010. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for an L3-L4 epidural steroid injection, Oxycodone, and Soma. An August 4, 2015 office visit was referenced in the determination(s). The claims administrator also stated that the applicant had had prior epidural steroid injections in August and December 2012, reportedly without profit. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant had in fact received multiple epidural steroid injections at L3-L4 and L4-L5, including on August 22, 2012 and December 19, 2012, the treating provider reported. The applicant had tested positive for marijuana and alcohol on drug tests of August and September 2014, the treating provider suggested. 10/10 pain without medications versus 6/10 pain with medications was reported in one section of the note. The applicant was described as having been seen in the emergency department some 2 weeks prior owing to alleged flare in pain, where he received an injection of morphine. 9/10 pain was reported in the clinic setting. The attending provider noted that the applicant was using his mother's benzodiazepines. The applicant's medications included Oxycodone, Soma, Desyrel, Lyrica, Lidoderm, and benazepril, it was reported. The applicant was described as "medically retired" at age 47. A repeat epidural steroid injection was sought. The applicant's permanent work restrictions were renewed. Soma and Norco were also renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic bilateral L3-L4 lumbar epidural steroid injection: 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: No, the request for an epidural steroid injection at L3-L4 was not medically necessary, medically appropriate, or indicated here. The request in question represented a repeat epidural steroid injection, the treating provider acknowledged on the August 4, 2015 office visit at issue. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, it was reported on August 4, 2015. The applicant was deemed "medically retired" at age 47, it was stated on that date. The prior epidural steroid injections failed to curtail the applicant's dependence on opioid agents such as Oxycodone, it was acknowledged on that date. Pain complaints as high as 9/10 were reported. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least 2 prior epidural steroid injections. Therefore, the request for a repeat epidural steroid injection at L3-L4 is not medically necessary.

Oxycodone HCL 30 mg, ninety count: 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: Similarly, the request for Oxycodone, a short-acting opioid was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are engaged in evidence of illicit drug and/or alcohol usage. Here, the attending provider reported on August 4, 2015 that the applicant had previously tested positive for marijuana and alcohol in August 2014 and September 2014. The applicant was described as having tested positive for benzodiazepines on June 23, 2015, the treating provider reported on his August 4, 2015 progress note. The attending provider stated that the applicant was using his mother's benzodiazepines. Discontinuing opioid therapy with Oxycodone, thus, was seemingly a more appropriate option than continuing the same, given the reports of marijuana usage, alcohol usage, and sharing of medications with family members set forth on a progress note dated August 4, 2015. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include

evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant remained off of work and was deemed "medically retired," as suggested on August 4, 2015. 9/10 pain complaints were reported on this occasion. The attending provider failed to outline meaningful, material, and/or substantive improvements in function(s) if any effected as a result of ongoing Oxycodone usage. Therefore, the request is not medically necessary.

Soma 350 mg, 45 count with three refills: 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Finally, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Oxycodone, i.e., an opioid agent. The 45-tablet, 3-refill supply of Soma at issue, furthermore, represents treatment in excess of the 2- to 3-week limit for carisoprodol usage set forth on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.