

Case Number:	CM15-0184969		
Date Assigned:	09/25/2015	Date of Injury:	07/19/2006
Decision Date:	11/03/2015	UR Denial Date:	09/06/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 63 year old, female who sustained a work related injury on 7-19-06. The diagnoses have included lumbar facet osteoarthritis, degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, and lumbosacral radiculitis. She is being treated for chronic low back pain. Treatments have included lumbar epidural steroid injections, exercise, ice-heat therapy, physical therapy and stretching. All of these treatments have failed in pain relief. A lumbar epidural steroid injection given on 3-17-15 on the right L4-5 and L5-S1 gave her "80% benefit for three months." Current medications include Norco which "has been helpful in covering her pain", Gabapentin, Zanaflex, Temazepam and Xanax. In the progress notes dated 8-24-15, the injured worker reports low back pain. Her pain level on medications is 5 out of 10. Without medications, her pain level is 8-10 out of 10. These levels have not changed much over the last several visits. She reports pain as "an achy, cramping, stabbing pain" going down the L4-5 level to the lateral side of her right leg to level of knee. On physical exam, she has tenderness to palpation in the L4-S1 region. Range of motion is limited in lumbar spine. She has a positive right straight leg raise. The MRI of lumbar spine dated 8-1-08 notes "very mild degenerative disc changes and no evidence of neural compromise." She is working part time. The treatment plan includes refills of medications and a request for a lumbar epidural steroid injection. In the Utilization Review, dated 9-6-15, the requested treatments of 1 transforaminal epidural steroid injection on the right at L4-5 and L5-S1 and 1 prescription of Norco 10-325mg #90 are non-certified. The requested treatment of 1 prescription of Temazepam 30mg #30 was modified to 1 prescription of Temazepam 30mg #27.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection on the right at L4-L5 and L5-S1: 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: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, the injured worker received a previous ESI that provided significant pain relief, however, there was no reduction in the amount of pain medications that the injured worker needed in order to reduce pain. The request for transforaminal epidural steroid injection on the right at L4-L5 and L5-S1 is not medically necessary.

Norco 10/325mg #90: 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 for chronic pain.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since at least October 2012 without objective documentation of functional improvement or significant decrease in pain. It is not recommended

to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is not medically necessary.

Temazapam 30mg #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): Benzodiazepines.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, per the available documentation, the injured worker has been prescribed Temazapam since February 2013. Long-term use of benzodiazepines is not supported by the guidelines, therefore, the request for Temazapam 30mg #30 is not medically necessary.