MAXIMUS Federal Services

Case Number:	CM15-0185872		
Date Assigned:	09/28/2015	Date of Injury:	04/24/2000
Decision Date:	11/06/2015	UR Denial Date:	09/12/2015
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: Washington, 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 50 year old male who sustained an industrial injury on April 24, 2015. Diagnoses include lumbar degenerative disc disease, status post microdiscectomy and subsequent anterior posterior fusion from L4-S1; low back and left lower extremity pain, and lumbar radiculopathy. Previous treatment included activity modification, epidural injections, surgery (lumbar microdiscectomy in 2000, anterior posterior L4-S1 fusion in 2007), physical therapy, and medication management. A recent primary treating office visit dated August 31, 2015 reported the injured worker had increasing pain radiating down his left leg and muscle spasm in his lower back. Epidural steroid injection performed on April 14, 2105 provided 70% improvement in his left lower extremity radicular symptoms that lasted for three months. Current medications consisted of: Tramadol IR, and Norco which were helpful in reducing pain and improving function, thus allowed him to continue working fulltime without restrictions - it notes he only uses Norco when the pain is not adequately controlled with tramadol. The provider progress note on September 30, 2015 reported continued worsening low back pain with radiation into legs. Pain so severe at times the patient was unable to go to work. Medications lowered the pain from 10/10 to 7/10. The patient had a current drug contract, had no side effects from opioids and had displayed no aberrant drug-seeking behaviors. The patient failed prior use of first-line agents for chronic pain such as Lyrica, gabapentin, and Cymbalta. Exam showed lumbar paraspinal tenderness, limited lumbar range of motion, positive straight leg raise on the left, muscle weakness in left lower extremity, hypesthesia in left L5 and S1 dermatomes and absent left Achilles deep tendon reflex. On August 31, 2015 a request was made for a left transforaminal epidural injection at L4-5, L5-S1; transportation to and from the appointment and Norco 10mg 325mg #30 which was non-certified by Utilization Review on September 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, Left Lumbar L4-L5 & L5-S1 (sacroiliac), under fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities that will allow this outcome. Epidural steroid injections (ESI) are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendations are for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The American Society of Interventional Pain Physicians (ASIPP) found limited evidence for accuracy of diagnostic nerve blocks but recommends diagnostic selective nerve root blocks in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. Therapeutically, ASIPP noted good evidence for use of epidural steroid injections for managing disc herniation or radiculitis; fair evidence for axial or discogenic pain without disc herniation, radiculitis or facet joint pain with caudal and lumbar interlaminar epidural injections, and limited evidence with transforaminal epidural injections. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. Criteria for repeat ESI for this patient has been met. The patient had multiple prior lumbar ESIs which did help relieve symptoms, 50%-80% relief for 3-4 months. In this situation a additional lumbar ESI are an option in therapy. At this point in the care of this patient medical necessity for this procedure has been established.

Transportation to and from surgery center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor code 4600(a).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work, Work-Relatedness. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic)/Transportation (to & from appointments).

Decision rationale: Providing transportation to and from medical appointments is not addressed by the MTUS other than the recommendation by the ACOEM guidelines for measures to be taken to avoid activities which will aggravate the patient's signs and symptoms. The Official

Disability Guidelines supports use to transportation to and from medical appointments but only when the patient has a diagnosed disability that prevents self-transport. There is no documentation of a diagnosed disability or a description of signs or symptoms of a disability that would preclude self transport to medical appointments. Medical necessity for providing transportation to and from medical appointments has not been established.

Norco 10/325 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. The provider is following these recommendations and continued use of opioid preparations would be safe for this patient. However, the patient is already taking tramadol IR which is another short acting opioid preparation also indicated to treat moderate to moderately severe pain. There is no indication to add a second similar medication to the patient's drug regimen. Medical necessity for continued use of this medication has not been established.