MAXIMUS Federal Services

Case Number:	CM15-0187041		
Date Assigned:	09/29/2015	Date of Injury:	03/14/2013
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 3-14-13. Medical records indicate that the injured worker is undergoing treatment for lumbar discopathy with disc displacement, lumbar radiculopathy, sleeping difficulty and mood disorder. The injured worker is currently not working. On (7-30-15) the injured worker complained of low back pain which radiated to the bilateral lower extremities, with associated numbness and tingling. The low back pain was aggravated by bending, twisting, lifting and direct pressure to the back. Medication and topical creams help to alleviate the pain. Examination of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal musculature and bilateral sacroiliac joints. Range of motion was decreased due to stiffness and pain. A straight leg raise test was positive bilaterally. A FABER (flexion, abduction and external rotation) test and Patrick's test were positive. Sensation was diminished in the lumbar five-sacral one dermatomal distribution on the left. The injured worker walked with a limp bilaterally. The injured workers pain level as not noted. Subsequent progress reports (6-29-15 and 5-30-15) do not indicate a pain level. Treatment and evaluation to date has included medications, electrodiagnostic studies, chiropractic treatments, physical therapy, topical analgesics and a urine drug screen on 4-27-15. The urine drug screen was consistent with prescribed medication. Current medications include Norco (7-30-15), Omeprazole, Paxil and Naproxen. The request for authorization dated 8-29-15 included a request for Norco 10-325 mg and lumbar four-lumbar five epidural steroid injections #3. The Utilization Review documentation dated 8-24-2015 non-certified the requests for Norco 10-325 mg and lumbar four lumbar-five epidural steroid injections # 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: 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, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of recent random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325 mg #120 is not medically necessary and appropriate.

L4-L5 lumbar epidural steroid injection Qty: 3: 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: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, does not recommend series of three and radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate limited range and pain with spasms; however, without any specific correlating

myotomal/dermatomal motor or sensory deficits. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The L4-L5 lumbar epidural steroid injection Qty: 3 is not medically necessary and appropriate.