

Case Number:	CM15-0188143		
Date Assigned:	09/30/2015	Date of Injury:	09/07/2013
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/24/2015

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: Emergency 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 44-year-old male, who sustained an industrial injury on 09-07-2013. The injured worker is currently working light duty, permanent, and stationary. Medical records indicated that the injured worker is undergoing treatment for status post left shoulder arthroscopies x 2, bilateral L5 spondylosis and L1-L2 grade I retrolisthesis, cervicalgia, thoracalgia, and residuals of left olecranon tip contusion. Treatment and diagnostics to date has included steroid injection to left shoulder, acupuncture, physical therapy, and medications. Current medications include Vicodin and Elavil. Lumbar spine MRI dated 03-20- 2015 showed bilateral L5 spondylosis, L1-L2 grade I retrolisthesis, posterior disc protrusion at L2-L3 measuring 3.0mm, and L5-S1 grade 1 retrolisthesis in combination with 7.0mm disc causing mild to moderate stenosis per 07-16-2015 progress note. After review of progress notes dated 06-04-2015 through 08-10-2015, the injured worker reported left shoulder pain rated 9 out of 10 on pain scale and low back pain. Objective findings included pain and discomfort with limited left shoulder range of motion. The request for authorization dated 08-10-2015 requested Vicodin 325mg #60, Elavil 25mg #30, bilateral L5-S1 transforaminal lumbar epidural, and pain management treatment. The Utilization Review with a decision date of 08-28-2015 non-certified the request for bilateral L5-S1 transforaminal epidural injections, Elavil 25mg #30, and Vicodin 5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal lumbar epidural injections: 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: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Pt has only been noted to undergo physical therapy. Patient continues to be on multiple medications. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI but exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.

Elavil 25mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Antidepressants for chronic pain.

Decision rationale: As per MTUS guideline, Amitriptylines are recommended as first line treatment for chronic neuropathic pains unless there are side effects or is not effective. These classes of medications have very low threshold for toxicity and close monitoring must be considered. Patient has been on this medication chronically for months. Provider has failed to document any objective benefit from this medication. Provider has failed to document any improvement in pain or functional status. Elavil is not medically necessary.

Vicodin 5/325mg quantity 60: 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.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective benefit from this medication. Provider has failed to document any improvement in pain or functional status. While there is noted urine drug screening, provider has failed to document any screening for abuse or side effects. Documentation fails to support continued opioid use. Norco is not medically necessary.