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| Case Number: | CM15-0188865 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 06/21/2001 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old male with a date of injury of June 21, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, lumbago, complex regional pain syndrome, and lumbar degenerative spondylolisthesis. Handwritten medical records dated June 26, 2015 indicate that the injured worker complained of recent falls with cracked ribs, and medications making him feel "Woozy". Records also indicate the injured worker was experiencing excessive drowsiness due to Levo-Dromoran and had protracted debilitating withdrawal syndrome. A handwritten progress note dated July 20, 2015 documented complaints of cramps in stomach, nausea and vomiting, and having to go to the hospital recently. The physical exam dated June 26, 2015 reveals the injured worker was more alert, had bruising of the right ribs, and was having difficulty standing. Portions of the progress notes were difficult to decipher. The progress note dated July 10, 2015 documented a physical examination that showed difficulty getting the injured worker's blood pressure while standing, lumbar spine pain with range of motion, medial groin pain with right straight leg raise with diminished sensation down to the medial aspect of the proximal third of the thigh, numbness in the toes, tops of the toes, and bottoms of both feet, tenderness with shoulder range of motion, and marked diminished sensation in the right lower extremity in the L2 distribution. Treatment has included medications (History of Morphine Sulfate IR, Butrans, Avinza, Opana, and Methadone; currently on Percocet). The treating physician documented (July 10, 2015) that the injured worker had a history of opiate withdrawal with Morphine Sulfate IR and that there seemed to be some improvement in the back pain after discontinuation, but that the injured worker had a

difficult course of weaning and was having many issues, including multiple falls. The original utilization review (August 27, 2015) non-certified a request for bilateral paravertebral sympathetic blocks and L2-L3 translaminal epidural steroid injection, and partially certified a request for Morphine Sulfate IR 15mg #140 (original request for #180).

IMR ISSUES, DECISIONS AND RATIONALES

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

MS IR 15mg #180: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no insufficient documentation to support the medical necessity of morphine sulfate IR or sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 9/15/15, the injured worker rated his pain with medications 4-5/10, and 7-8/10 without medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. UDS dated 6/26/15 was negative for opiates and negative for prescribed oxazepam. As MTUS recommends discontinuing opioids if there is no overall improvement in function. Medical necessity cannot be affirmed, therefore is not medically necessary.

1 Bilateral L2 paravertebral sympathetic blocks: 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): Lumbar sympathetic block.

Decision rationale: Per MTUS with regard to lumbar sympathetic block: "Recommended as indicated below: Useful for diagnosis and treatment of pain of the pelvis and lower extremity secondary to CRPS-I and II. This block is commonly used for differential diagnosis and is the preferred treatment of sympathetic pain involving the lower extremity. For diagnostic testing, use three blocks over a 3-14 day period. For a positive response, pain relief should be 50% or greater for the duration of the local anesthetic and pain relief should be associated with functional improvement. Should be followed by intensive physical therapy." The documentation submitted for review did not indicate that there was a plan to proceed with adjunctive physical therapy, per the citation above, this is a criteria for lumbar sympathetic blocks. The request is not medically necessary.

1 L2 L3 transforaminal 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: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 7/10/15, physical exam noted diminished sensation in the groin area to the right proximal third of the thigh, medial aspect. Ankle reflexes were absent. Knee reflexes were 2+. Diminished sensation was noted about the right lower extremity throughout, particularly in the L2 distribution and over the toes, the dorsum of the toes, and the plantar aspects of the feet on both sides. The thigh and calf on the left were normal, but diminished on the right. MRI of the lumbar spine dated 2001 revealed a 4mm disc protrusion at L1-L2. There was no evidence of neurological impingement or radiculopathy. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As the imaging studies available for review do not corroborate radiculopathy, medical necessity cannot be affirmed, therefore is not medically necessary.