

Case Number:	CM15-0192028		
Date Assigned:	10/06/2015	Date of Injury:	08/22/2003
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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 65-year-old male, with a reported date of injury of 08-22-2003. The diagnoses include lumbar strain, left lumbar radiculopathy, cervical sprain, left cervical radiculopathy, status post lumbar laminectomy and discectomy, status post removal of lumbar hardware, lumbar spondylosis, and lumbar postlaminectomy syndrome. Treatments and evaluation to date have included Relafen, Hydrocodone, Percocet (since at least 02-2008), Valium, Lyrica, Nabumetone, and left L2-3 transforaminal epidural steroid injection on 06-01-2015. The diagnostic studies to date have included an MRI of the lumbar spine on 04-01-2015 which showed previous posterior fusion and laminectomy defects from L3-S1, moderate narrowing of the L2 neural foramina bilaterally, and moderate to severe narrowing of the L3 and L4 neural foramina bilaterally; and x-rays of the lumbar spine on 04-14-2015 which showed interval extension of posterior fusion and laminectomy changes. The medical report dated 09-11-2015 indicates that the injured worker had a history of chronic low back pain. It was also indicated that a lumbar epidural in June, which provided 70% relief for three months. It was noted that he had weaned his Percocet from #120 to #60 per month. The injured worker only used the medication as needed for acute pain flares. The injured worker stated that the low back and bilateral leg pain level was rated 4 out of 10 with medications and 8 out of 10 without medications. On 07-23-2015, the injured worker rated his pain 5-6 out of 10 with medications and 6-8 out of 10 without medications. On 09-11-2015, the injured worker denied any side effects from the medications at this time. The injured worker reported a significant level of interference with work, relationships, concentration, mood, sleep, and overall functioning due to

chronic pain. The physical examination showed an antalgic gait, well-healed surgical scars on the lumbar spine, severe pain and tightness to palpation with trigger points throughout the lumbosacral spine, negative straight leg raise test, lumbar flexion was 70% restricted, lumbar extension was 10% restricted, lumbar lateral bending was 60% restricted, hypoesthesia and dysesthesia down the bilateral legs and upper quads radiating to his lower extremities, and intermittent dysesthesia to the left groin. The treatment plan included a prescription for Percocet 10-325mg, one tablet twice a day and a left L2-3 transforaminal epidural. The injured worker's work status was not indicated. The treating physician requested Percocet 10-325mg #60 and one left L2-3 transforaminal epidural injection. On 09-18-2015, Utilization Review (UR) non-certified the request for Percocet 10-325mg #60 and one left L2-3 transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Percocet 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/11/15 with lower back pain rated 4/10 with medications, 8/10 without. The patient's date of injury is 08/22/03. Patient is status post lumbar fusion at L3-4 levels on 08/11/14. The request is for one (1) prescription of percocet 10/325MG #60. The RFA is dated 09/11/15. Physical examination dated 09/11/15 reveals well healed lumbar surgical scars, tenderness to palpation throughout the lumbar spine with trigger points noted, decreased sensation bilateral legs, upper quadriceps consistent with the L2-3 dermatomal distribution, and intermittent dysesthesia in the left groin. The patient is currently prescribed Percocet, Lyrica, Valium, and Relafen. Patient's current work status is not provided. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to Percocet for the management of this patient's chronic neck pain, the request is appropriate. Progress note dated 09/11/15 notes that this patient's medications reduce his pain from 8/10 to 4/10. Addressing functional improvements, the provider states that "... he was able to walk without his cane for

about 40 minutes... allow pt to complete necessary activities of daily living such as walking, shopping, and light household activities..." There is evidence in the records provided that this patient's urine toxicology screenings to date have been consistent with prescribed medications, and the provider specifically addresses a lack of aberrant behaviors. The documentation provided satisfies MTUS guideline requirements of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a lack of aberrant behavior. Given this patient's presentation, surgical history, and the adequate 4A's documentation as required by MTUS, continuation of narcotic medications is substantiated. The request is medically necessary.

One (1) left L2-L3 transforaminal epidural injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents on 09/11/15 with lower back pain rated 4/10 with medications, 8/10 without. The patient's date of injury is 08/22/03. Patient is status post lumbar fusion at L3-4 levels on 08/11/14. The request is for one (1) left L2-L3 transforaminal epidural injection. The RFA is dated 09/11/15. Physical examination dated 09/11/15 reveals well healed lumbar surgical scars, tenderness to palpation throughout the lumbar spine with trigger points noted, decreased sensation bilateral legs and upper quadriceps consistent with the L2-3 dermatomal distribution, and intermittent dysesthesia in the left groin. The patient is currently prescribed Percocet, Lyrica, Valium, and Relafen. Patient's current work status is not provided. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance... 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." 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. In this case, the treater is requesting a repeat lumbar ESI at the L2-3 level for the management of this patient's chronic lower back pain with a radicular component. Per progress note 09/11/15, this patient underwent a lumbar ESI at these levels on 06/01/15 with a 70 percent reduction in his pain symptoms lasting three months, and significant functional improvements. Per progress note dated 09/11/15, the provider documents subjective leg symptoms in the buttocks and lower extremities, positive neurological findings of decreased sensation consistent with the L2-3 dermatomal distribution bilaterally. Diagnostic MRI dated 04/01/15 states: "disc protrusion cause moderate narrowing of the L2 neural foramina bilaterally... These disc protrusions were not present on the prior study..." Given this patient's surgical history, presentation, and the documented efficacy of prior injections, a repeat lumbar ESI is substantiated. Therefore, the request is medically necessary.

