

Case Number:	CM15-0192534		
Date Assigned:	10/06/2015	Date of Injury:	05/31/2004
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
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, North Carolina
Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 05-31-2004. He has reported injury to the low back. The diagnoses have included lumbosacral spondylosis; lumbosacral neuritis; chronic migraine without aura; depressive disorder; cervicgia; joint pain-lower leg, left knee; lumbar-lumbosacral disc degeneration; and status post closed head injury. Treatment to date has included medications, diagnostics, ice, heat, epidural steroid injection, occipital nerve block, TENS (transcutaneous electrical nerve stimulation) unit, trigger point injection, and physical therapy. Medications have included Oxycodone, Keppra, and Advil. A progress report from the treating provider, dated 09-14-2015, documented an evaluation with the injured worker. The injured worker reported that he has decreased pain in the lumbar spine, increased pain in his cervical spine, and unchanged pain in his head-headache, left knee, and bilateral ankles; pain in the head-headaches has increased at 7 out of 10 in intensity; cervical spine pain has increased to 4 out of 10 in intensity; he states when he takes the Oxycodone, it provides up to 80% relief lasting up to 3-4 hours before he has to take another tablet; he does notice his pain level will reach a 4-5 out of 10 on the visual analog scale; he has received about 50% benefit or more from the bilateral L5 transforaminal epidural steroid injection on 08-26-2015; it has helped increase his mobility and has decreased his pain; and he is independent with all activities of daily living. Objective findings included he is in no acute distress; there is tenderness to palpation over the right lumbar facets, left lumbar facets, right thoracic facets, left thoracic facets, and right and left paravertebral thoracic spasm; straight leg raise is positive on the right and on the left; gait is antalgic; and ranges of motion are decreased. The treatment plan

has included the request for bilateral L5 lumbar TF (transforaminal) ESI (epidural steroid injection); Oxycodone 5 mg #150 no refills retro date of service 09-14-2015; and Keppra 500 mg #90 with 3 refills. The original utilization review, dated 09-22-2015, non-certified the request for bilateral L5 lumbar TF (transforaminal) ESI (epidural steroid injection); Oxycodone 5 mg #150 no refills retro date of service 09-14-2015; and Keppra 500 mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Lumbar TF ESI: Upheld

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: Evidence-based guidelines require documentation of at least 50-70% pain relief for 6-8 weeks following an ESI. There is a general recommendation of no more than 4 blocks per year. In this case, there is documentation of significant pain relief of low back pain and leg pain with previous transforaminal ESI, however there is no documentation of at least 50-70% relief for the requisite 6-8 weeks. Therefore, the request does not meet guidelines and is not medically necessary or appropriate.

Oxycodone 5 MG #150 No Refills Retro DOS 9/14/15: Upheld

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

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

Decision rationale: In this case, the request is for ongoing chronic opioid therapy. Consistent with CA MTUS Guidelines, there is evidence of the opioid being prescribed by a single provider, use at the lowest possible dose to achieve pain relief, and documentation of functional status, appropriate medication usage and side effects. However, there is no documentation of functional improvement, such as decreased work restrictions, increased activity tolerance and/or a reduction in the use of medications. Therefore the request is not medically necessary or appropriate.

Keppra 500 MG #90 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Keppra is an anti-epileptic agent that is also used to treat neuropathic pain. In this case, there is documentation of neuropathic pain, supporting the use of this medication. However there is a lack of documentation concerning any functional improvement or benefit with the use of Keppra. There is no documentation of work restrictions, increased activity tolerance and/or reduction in medication use. Previous UR recommended weaning, which has not been attempted. Therefore, the request is not medically necessary or appropriate.