

Case Number:	CM15-0192832		
Date Assigned:	10/06/2015	Date of Injury:	04/29/2003
Decision Date:	11/20/2015	UR Denial Date:	09/07/2015
Priority:	Standard	Application Received:	10/01/2015

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, Hawaii

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 male, who sustained an industrial injury on 4-29-2003. Diagnoses include chronic low back pain, spasticity with quadriparesis, and right sciatica previously thought to be related to a right L4-L5 lateral stenosis, status post cervical fusion, lumbar disc displacement without myelopathy, spinal stenosis without neurogenic claudication, radiculopathy, and status post laminectomy on 3-14-14. Treatments to date include activity modification, medication therapy, (Oxycodone 30mg, Norco 10-325, and Gabapentin prescribed since at least April 2015), and lumbar epidural steroid injection, and a functional restoration program. On 7-27-15, he reported increasing low back pain, development of muscle spasms in the right paraspinal low back with radiation to the right leg. The physical examination documented observation of spastic quadriparesis with greater weakness in the right upper and lower extremities, hyper-reflexia at the knee and triceps bilaterally, and a positive straight leg raise test on the right side. On 7-27-15 and 8-26-15, the provider documented a prior lumbar epidural steroid injection, date unknown, provided reduction in pain from 9 out of 10 VAS to 5 out of 10 VAS for at least two months, and the low back pain and lower extremity symptoms were returning with intensity. The plan of care included ongoing medication management with the addition of Baclofen to previously prescribed medications and lumbar epidural injection to L4-L5. The appeal requested authorization for a right side L4-L5 lumbar epidural steroid injection with fluoroscopic guidance and a prescription for Oxycodone IR 30mg. The Utilization Review dated 9-7-15, denied the epidural steroid injections and modified the request for Oxycodone IR 30mg to allow a quantity of #38.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right L4-5 lumbar epidural steroid injection with fluoroscopic guidance: 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 with chronic low back pain radiating to the gluteal area with distal radiation of pain down the right posterior thigh and leg. The current request is for 1 Right L4-5 Lumbar Epidural Steroid Injection with fluoroscopic guidance. The treating physician's report dated 08/26/2015 (52A) states, "In March 2014 he underwent a right L4-5 laminectomy and decompression of the nerve root in the right lateral recess. There was subtle improvement in his condition. His preoperative MRI scan and postoperative MRI studies have shown facet arthropathy with minimal change at the L4-5 area on the right. Preoperatively he had undergone an epidural steroid injection with satisfactory reduction and the intensity of his right leg pain. Over the last few months the intensity of his back and right leg pain has been increasing despite chronic pain management." The physician further notes, "The patient indicates a prior epidural steroid injection treatment had resulted in a reduction in the intensity of his back and right leg pain. Although the improvement did not last, the intensity of pain had reduced substantially for at least 2 months. He estimates that the intensity reduced by at least 4 points from 9/10 to 5/10 after the injection." The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The 04/20/2015 MRI was referenced in the QME report dated 08/05/2015 (45A). This report notes, "These show significant prominent right and left lateral recesses with foraminal stenosis at L4-5. The right side appears more prominent, measured at 10 millimeters. There is significant foraminal defect on the left side." The patient's last transforaminal ESI at L5-S1 was from 10/07/2013. In this case, the physician has noted a significant decrease in pain for at least 2 months from a prior ESI. A repeat block is appropriate given that the physician has met the required criteria based on the MTUS Guidelines. The current request is medically necessary.

Oxycodone IR 30mg (unspecified quantity): Upheld

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

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

Decision rationale: The patient presents with chronic low back pain radiating to the gluteal area with distal radiation of pain down the right posterior thigh and leg. The current request is for Oxycodone IR 30mg (unspecified quantity). The treating physician's report dated 08/26/2015 (52B) states, "Over the last few months the intensity of his back and right leg pain has been increasing despite chronic pain management with Oxycodone IR 30mg every 4 hours and Norco 10/325 every 4 hours as needed for pain control. He reports frequent development of spasms in the right paraspinal low back with radiation into the right leg." For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. There are no before and after pain scales to show analgesia. The physician did not provide specific examples of ADLs to demonstrate medication efficacy. No validated instruments were used. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures were provided. The physician did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. In this case, none of the 4As were provided as required by the MTUS Guidelines. Furthermore, the quantity requested was not specified. Therefore, the current request is not medically necessary.