

Case Number:	CM15-0198764		
Date Assigned:	10/14/2015	Date of Injury:	03/30/2010
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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: 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 58 year old male who sustained an industrial injury on March 03, 2010. An encounter dated June 25, 2015 reported chief subjective complaint of "left shoulder, left arm, left elbow, neck, headaches, low back and leg and knee pains." He has a history of posterior neck with headaches, left and bilateral shoulder, arm and elbow pain in addition to low back and bilateral leg pain. He is status post left shoulder surgery in August 2014. He reports "his low back pain is the worst on his left side sacral area that responded well to an epidural in December 2014." There is further note of "former sacroiliac injection left administered December 05, 2014 with noted 60% reduction of pain." He was able to bathe and do his ADLs and walk more than a half an hour and stand longer. "He has failed conservative measures: NSAIDs, physical therapy, exercise and ice and heat application." He would like another injection. He states that "acupuncture session has been helping with his headaches and neck stiffness." He continues to experience "electrical shooting pains down his left arm." He would like to continue acupuncture with goal of decreasing oral pain medication. There is note of pending approval for a lumbar epidural injection and he cannot initiate reduction of medication without being administered an epidural injection. Current medication regimen consisted of Aspirin, Oxycontin, Percocet, Cymbalta, and Solace. The following diagnoses were applied to this visit: degeneration of cervical intervertebral disc; degeneration of lumbar or lumbosacral intervertebral disc; displacement of lumbar intervertebral disc without myelopathy; displacement of cervical intervertebral disc without myelopathy, and shoulder joint pain. The plan of care is with requesting recommendation for continuing current medication regimen, and re recommendation

for left sacroiliac epidural injection. Pain management follow up dated April 24, 2015 reported medication regimen "unchanged." On September 08, 2015 a request was made for a left sacroiliac joint injection and Oxycontin 40mg #30 which were noncertified by Utilization Review on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg 1 BID #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 for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Left SI epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. The provided clinical documentation for review does not show dermatomal radiculopathy on exam that is corroborated by imaging or EMG studies that are included for review in the provided clinical documentation. Therefore, the request does not meet all criteria as outlined above and is not medically necessary.