

Case Number:	CM15-0201924		
Date Assigned:	10/16/2015	Date of Injury:	12/20/1996
Decision Date:	11/25/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/14/2015

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 57 year old male, who sustained an industrial injury on 12-20-1996. The injured worker is undergoing treatment for: lumbosacral neuritis, lumbar degenerative disc disease and radiculopathy, left shoulder bursitis. On 4-2-15, he reported low back pain rated 8 out of 10 without medications and 4 out of 10 with medications, current 6 out of 10. Medications are indicated as keeping the patient functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. There are no side effects reported. Physical examination revealed tenderness in the low back with decreased range of motion, positive bilateral sitting straight leg raise testing, and positive on the left lying straight leg raise testing, a cane is noted to be used for ambulation and stability, no spasms are noted, diffuse decreased strength is present in the lower extremities. The left shoulder is noted to have tenderness and signs of impingement. On 6-22-15, he rated his pain as 10 out of 10 without medications and 7 out of 10 with medications. On 9-28-15, his pain was rated 9 out of 10 without medications and 6 out of 10 with medications. The treatment and diagnostic testing to date has included: lumbar epidural steroid injection, multiple chiropractic visits, medications, multiple physical therapy sessions, x-rays, magnetic resonance imaging and CT scan, and lumbar fusion and left shoulder surgery (dates unclear), and spinal cord stimulator (date unclear) reported as not working and removed, CURES (4-1-15) reported as concordant. Medications have included: Norco, Ambien, Gralise, Bufferin, Diclofenac and Soma. Current work status: permanent and stationary. The request for authorization is for: one left L3-4 transforaminal epidural steroid injection (TFESI); and one prescription for Norco 10-325mg quantity 120 with one refill. The UR dated 10-10-

2015: non-certified the request for one left L3-4 transforaminal epidural steroid injection (TFESI); and modified certification of one prescription for Norco 10-325mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left L3-4 TFESI (transforaminal epidural steroid injection): 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: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented decreasing pain and increasing functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Criteria for repeating the epidurals have not been met or established as the patient continues to treat for chronic pain without functional benefit from previous injections in terms of decreased pharmacological formulation, increased ADLs and decreased medical utilization for this 1996 P&S injury. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The One left L3-4 TFESI (transforaminal epidural steroid injection) is not medically necessary and appropriate.

Norco 10/325mg, #120 with 1 refill: 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, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant

therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of specified decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1996 P&S injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg, #120 with 1 refill is not medically necessary and appropriate.