MAXIMUS Federal Services

Case Number:	CM15-0206102		
Date Assigned:	10/22/2015	Date of Injury:	07/10/1995
Decision Date:	12/04/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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: Emergency Medicine

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 56 year old male who sustained an industrial injury on 7-10-95. A review of the medical records indicates he is undergoing treatment for arthropathies of the vertebrae. Medical records (10-8-15) indicate complaints of low back pain, as well as muscle spasms, numbness and tingling, and weakness. He reports that the pain "fluctuates" depending on his activity level and the type of activity in which he is engaged. He reports that his pain level is "3 out of 10" with use of medications and "8 out of 10" without medications. The records indicate that without medications, he "does not function well", having a decrease in activity in and out of the home, mood, and impaired sleep. He reports with use of medications, he has improved function and is able to "do more", such as cooking, cleaning, and shopping. The physical exam reveals that he "does not appear to be in acute distress." His gait is "normal" without the use of an assistive device. Examination of the lumbar paravertebral muscles indicates spams and tenderness bilaterally at L4. L4-5 lumbar facet tenderness is noted on palpation. Heel and toe walk are "normal." Gaenslen's is positive. Lumbar facet loading is positive. Straight leg raising test is negative. The motor examination of bilateral lower extremities is noted to be "grossly normal." Diagnostic studies have included X-rays of the lumbar and lumbosacral spine, CT of the lumbar spine, EMG-NCV study of bilateral lower extremities, and MRIs of the left hip and lumbar spine. Treatment has included chiropractic therapy and medications. His medications include Oxycodone-Acetaminophen 5-325mg twice daily and Trazodone 50mg at bedtime. He has been receiving Oxycodone-Acetaminophen since, at least, 5-28-15. He is not working. The

utilization review (10-19-15) includes a request for authorization of Oxycodone-Acetaminophen 5-325mg #60. The request was modified to a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). CA MTUS criteria for epidural steroid injections, 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 percent 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 series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case the exam notes from 9/21/15 do not demonstrate a failure of conservative management or provide clear evidence of a dermatomal distribution of radiculopathy. Therefore the request is not medically necessary.