

Case Number:	CM15-0209473		
Date Assigned:	10/28/2015	Date of Injury:	09/20/2000
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 52 year-old male who sustained an industrial injury on 9-20-2000 and has been treated for discogenic low back pain, and lumbar spondylosis. He is status-post two intradiscal electrothermal annuloplasties. Diagnostic MRI dated 10-7-2011 noted mild disc desiccation at all levels, and a CT of the lumbar spine 5-24-2012 showing multiple level annular tears, and spinal stenosis. On 9-1-2015, the injured worker reported persistent low back pain, which constantly radiates down the lumbar spine to his buttocks, hips and into his feet. At that visit, he rated his pain at 9-10 out of 10 on VAS scale. He stated that this progresses throughout the day while performing activities of daily living causing increased pain and stiffness sometimes "shutting down" completely. Objective findings included localized tenderness to the left of the midline at L4-5, painful range of motion, paraspinal muscle tenderness to palpation including decreased sensation to light touch, and left thigh numbness, worsening with bilateral leg raises. Documented treatment includes Celebrex, Zanaflex, Intermezzo, Ambien, Dilaudid, Hydrocodone, and Valium stated to "help to a certain extent." and it is noted that there is no history of misuse or abuse of medication. A urine drug screening report dated 4-20-2015 is provided in the records showing positive for Hydrocodone and Hydromorphone. No interpretation was provided in progress notes. The treating physician's plan of care includes a request for authorization 9-1-2015 for a refill of Dilaudid #90 and lumbar epidural injections for L4-S1. Length of time using Dilaudid is not discussed, but Fentora is present in the medical records for at least 6 months. Documentation does not provide information regarding past injections or response. Both requests were non-certified on 9-25-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8 mg #90: 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, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." This request alone exceeds the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document any of the following: the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief. The treating physician also notes that the pharmaceutical pain management the IW is receiving provides only "help to a certain extent" but the pain level remains at 9/10, which calls into question whether the IW is receiving adequate benefit from the use of opioids, which is required to continue treatment. As such, the request for Dilaudid 8 mg #90 is not medically necessary.

Lumbar epidural injection at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . 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." ACOEM states, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." There was no medical documentation provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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. Radiculopathy is not adequately documented. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed. As such, the request for Lumbar epidural injection at L4-5, L5-S1 is not medically necessary.