

Case Number:	CM15-0020231		
Date Assigned:	02/09/2015	Date of Injury:	05/18/2005
Decision Date:	04/02/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 May 18, 2005. He has reported low back pain, neck pain, and bilateral arm pain. The diagnoses have included cervical spine degenerative disc disease with stenosis, cervical spine disc protrusion, lumbar spine radiculopathy, and lumbar spine post laminectomy syndrome. Treatment to date has included medications, transforaminal epidural steroid injection, lumbar spine surgery, physical therapy, heat, ice, and imaging studies. A progress note dated November 18, 2014 indicates a chief complaint of neck pain. Physical examination showed decreased range of motion of the neck and lower back. The treating physician requested a repeat lumbar transforaminal epidural steroid injection, follow up once each month, urinalysis, and prescriptions for Norco and Fentanyl patches. On January 7, 2015 Utilization Review partially modified the request for the follow up to one visit total. Utilization Review denied the request for repeat lumbar transforaminal epidural steroid injection, urinalysis, and prescriptions for Norco and Fentanyl patches citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic neck, bilateral arm, and low back pain. He underwent bilateral lumbar transforaminal epidural injections and when seen for follow-up on 10/21/14 there had been good pain relief. Bilateral transforaminal epidural injections were then done on 11/06/14. In follow-up on 11/18/14 he had decreased numbness and pain with improved walking ability. The note references no signs of medication abuse or diversion. Medications included fentanyl and Norco at a total morphine equivalent dose of 120 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Fentanyl 25mcg/hr #10 patches: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic neck, bilateral arm, and low back pain. He underwent bilateral lumbar transforaminal epidural injections and when seen for follow-up on 10/21/14 there had been good pain relief. Bilateral transforaminal epidural injections were then done on 11/06/14. In follow-up on 11/18/14 he had decreased numbness and pain with improved walking ability. The note references no signs of medication abuse or diversion. Medications included fentanyl and Norco at a total morphine equivalent dose of 120 mg per day. Fentanyl is a long acting opioid used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control.

There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Fentanyl was medically necessary.

Urinalysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78 Page(s): 77-78.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic neck, bilateral arm, and low back pain. He underwent bilateral lumbar transforaminal epidural injections and when seen for follow-up on 10/21/14 there had been good pain relief. Bilateral transforaminal epidural injections were then done on 11/06/14. In follow-up on 11/18/14 he had decreased numbness and pain with improved walking ability. The note references no signs of medication abuse or diversion. Medications included fentanyl and Norco at a total morphine equivalent dose of 120 mg per day. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the claimant is likely at low risk, however, no urine drug testing appears to have been done since starting opioid therapy. Therefore this request for urine drug screening was medically necessary.

Repeat lumbar transforaminal ESI at bilateral L3-L4 and L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic neck, bilateral arm, and low back pain. He underwent bilateral lumbar transforaminal epidural injections and when seen for follow-up on 10/21/14 there had been good pain relief. Bilateral transforaminal epidural injections were then done on 11/06/14. In follow-up on 11/18/14 he had decreased numbness and pain with improved walking ability. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the degree and duration of pain relief is not documented and therefore the requested epidural injection is not medically necessary.

Follow-up office visit once a month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, p79 Page(s): 79.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic neck, bilateral arm, and low back pain. He underwent bilateral lumbar transforaminal epidural injections and when seen for follow-up on 10/21/14 there had been good pain relief. Bilateral transforaminal epidural injections were then done on 11/06/14. In follow-up on 11/18/14 he had decreased numbness and pain with improved walking ability. The note references no signs of medication abuse or diversion. Medications included fentanyl and Norco at a total morphine equivalent dose of 120 mg per day. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances should be seen monthly, quarterly, or semiannually. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Therefore, the requested monthly visits for an indeterminate period of time was not medically necessary.