

Case Number:	CM15-0028366		
Date Assigned:	02/20/2015	Date of Injury:	05/27/2010
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/14/2015

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 52 year old male with an industrial injury dated 05/27/2010. His diagnoses include status post re-implantation Medtronic pump (05/15/2013), lumbar post laminectomy syndrome, chronic lumbar neuropathy, neuralgia and arachnoiditis, opioid dependence and intermittent sacroiliac pain. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, epidural steroid injections, and placement of an intrathecal pain pump. In a progress note dated 01/06/2015, the treating physician reports low back pain rated 2/10 with spasms, and intermittent lower extremity pain (neurologic L4-S1) with motor changes. The objective examination revealed no signs of opioid toxicity, stable condition, controlled lumbar pain, distal leg pain with neuralgia, continued foot drop, decreased motor strength on the left compared to the right, and continued numbness and pain at the L5 and S1 dermatomes bilaterally. The treating physician is requesting epidural steroid injections and opioid medications which were denied by the utilization review. On 01/16/2015, Utilization Review non-certified a request for 1 bilateral L5 transforaminal epidural, noting that the injured worker has had previous injections without long term results, a decrease in medications or functional improvement, and that previous utilization reviews have denied previous request for these same reasons. The MTUS Guidelines were cited. On 01/16/2015, Utilization Review non-certified a prescription for oxycodone 10mg #120, noting that the injured worker has continued to have the same symptoms without objective and quantifiable functional improvement, and previous utilization reviews recommended weaning from this medication. The MTUS Guidelines were cited. On 01/16/2015, Utilization Review non-certified a prescription for

Norco 10/325mg #120, noting that the injured worker has continued to have the same symptoms without objective and quantifiable functional improvement, long term use is not recommended, and previous utilization reviews recommended weaning from this medication. The MTUS Guidelines were cited. On 02/14/2015, the injured worker submitted an application for IMR for review of 1 bilateral L5 transforaminal epidural, oxycodone 10mg #120, and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral L5 transforaminal epidural: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

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. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for repeating the epidurals have not been met or established. The 1 bilateral L5 transforaminal epidural is not medically necessary and appropriate.

120 Oxycodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, 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 or utilization of pain contract 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 with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 120 Oxycodone 10mg is not medically necessary and appropriate.

120 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. 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 returned to work status. There is no evidence presented of random drug testing or utilization of pain contract 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 with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The 120 Norco 10/325mg is not medically necessary and appropriate.