

Case Number:	CM15-0212897		
Date Assigned:	11/02/2015	Date of Injury:	01/03/2003
Decision Date:	12/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 was a 39 year old male, who sustained an industrial injury, January 3, 2003. The injured worker was undergoing treatment for chronic low back pain with left lower extremity with radiculopathy, right inguinal hernia secondary to fall when the left lower extremity gave out, right knee pain. According to progress note of September 16, 2015, the injured worker's chief complaint was back pain radiating from the low back down both legs. The pain was rated at 4 out of 10 with medications and 8 out of 10 without pain medications. The injured worker reported poor quality of sleep, due to constant pain. The injured worker reported acute muscle spasms in the lumbar spine. The injured worker was unable to tolerate prolonged standing or sitting caused by the muscle tightness. Physical examination of the lumbar spine on 11/11/15 revealed tenderness on palpation, muscle spasm, limited range of motion, positive SLR and diminished sensation. The injured worker reported taking the medications as prescribed. The injured worker previously received the following treatments back brace, Norco 10-325mg 4 times a day as needed for pain since September 18, 2008; Valium, Neurontin, Toradol and Kadian ER. The patient has had MRI of the lumbar spine on 4/7/14 that revealed disc protrusions. The patient had UDS on 4/15/15 and 7/1/14 that was consistent. The patient had received an unspecified number of PT visits for this injury. The patient underwent piriformis injection in 2008, lumbar disc decompression at L5-S1 level in 2006.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 and S1 Lumbar Epidural 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: L5 and S1 Lumbar Epidural Injection. The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "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. 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." Per the cited guideline criteria for ESI are; "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)." Lack of response to conservative treatment including exercises, physical methods, was not specified in the records provided. The patient has received an unspecified number of PT visits for this injury. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. As stated above, 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 records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. Evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. With this, it is deemed that the medical necessity of request for L5 and S1 Lumbar Epidural Injection is not fully established for this patient.

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

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

Decision rationale: 1 prescription of Norco 10/325mg #120. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid medications is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a

documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications (antidepressants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 prescription of Norco 10/325mg #120 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued , the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the requested treatment is not medically necessary.