

Case Number:	CM15-0037068		
Date Assigned:	03/05/2015	Date of Injury:	05/27/2010
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male who sustained an industrial injury on 5/27/10 from a slip and fall. He currently complains of moderate right lower extremity pain and severe lumbar spine pain. His pain intensity is 8/10. Medications include Norco, oxycodone. Diagnoses include depression; sleep disturbances; severe lumbosacral pain, lumbar disc bulge; lumbar stenosis and radiculopathy; lumbar facet arthropathies; sacroiliac joint pain; opioid dependence, lower extremity pain. Treatments to date include epidural steroid injections which have been helpful, physical therapy which did not resolve his symptoms. Diagnostics include lumbar MRI demonstrating evidence of right L5 neural impingement; electrodiagnostic study revealed evidence of right L5 radiculopathy. In the progress note dated 1/15/15 the treating provider requests Norco and oxycodone citing no suspect issues with opioid misuse and also requests medications while further therapy is pursued. In addition he requests transforaminal epidural steroid injections to help with right L5 neuralgia as they have been helpful in the past in relieving lower extremity neuralgia symptoms. It is also noted that the injured worker needs spinal surgery, however he was instructed to lose weight prior to the surgery, and he now needs re-evaluation by orthopedic surgery. On 1/30/15 Utilization Review non-certified the requests for 1 bilateral L5 transforaminal epidural steroid injection; 120 Oxycodone 10 mg; 120 Norco 10/325 mg; 1 orthopedic spine surgery second opinion citing MTUS: Chronic Pain Medical Treatment Guidelines: Epidural Steroid Injections; MTUS: Chronic pain Medical treatment Guidelines: Opioids; MTUS: Chronic Pain Medical Treatment Guidelines: Surgical Consults for Lumbar Spine Complaints and ACOEM: Chapter 12: Low Back Complaints respectively.

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 steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Per the MTUS, ESI's are recommended as an option for the treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A review of the injured worker medical records reveal subjective and objective clinical findings of radiculopathy corroborated by imaging which appears to be quite severe. The injured worker has had ESI's in the past with partially successful outcomes and it would appear that based on his clinical presentation and the guidelines, 1 bilateral L5 transforaminal epidural steroid injection is medically necessary and appropriate in this injured worker.

120 oxycodone 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 95).

Decision rationale: Per the MTUS opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records show documented partial improvement in functioning and pain and per the medical records is not demonstrating aberrant drug taking behaviors, he also does have extenuating circumstances that would warrant continuation, therefore based on the injured workers clinical presentation and the guidelines the request for 120 oxycodone 10mg is medically necessary.

120 Norco 10/325: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 95).

Decision rationale: Per the MTUS opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records show documented partial improvement in functioning and pain and per the medical records is not demonstrating aberrant drug taking behaviors, he also has extenuating circumstances that warrant continuation of opioids therefore based on the injured workers clinical presentation and the guidelines the request for Norco 10/325mg #120 is medically necessary.

1 Orthopedic spine surgery second opinion: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: Per the MTUS, Surgery should only be considered when there is serious spinal pathology or nerve root dysfunction that is not responsive to conservative therapy. Most patients with strong clinical findings of nerve root dysfunction recover within one month and with or without surgery 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short to mid-term recovery, surgical morbidity and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings and increases the need for future surgical procedures with higher complication rates. A review of the injured workers medical records show severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies with accompanying objective signs of neural compromise, therefore based on his clinical presentation and the guidelines the request for orthopedic spine surgery consultation is medically necessary.