MAXIMUS Federal Services

Case Number:	CM15-0044773		
Date Assigned:	03/16/2015	Date of Injury:	10/28/1993
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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, Arizona
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 49-year-old male who reported an injury on 10/28/1993. The specific mechanism of injury was not provided. Prior therapies were noted to have included surgical intervention, injections, medication management, home therapy, and conservative care. The injured worker was noted to have undergone a series of injections in 2013 and 2014 with significant improvement in pain and function. A Request for Authorization was submitted for review dated 02/12/2015. The documentation of 02/04/2015 revealed the injured worker was utilizing a cane to help him walk. The injured worker's active medications were noted to include amitriptyline hydrochloride 25 mg 1 at bedtime x1 week then 2 at bedtime, MS Contin 15 mg 1 by mouth 3 times a day as needed, and Norco 10/325 mg 1 tablet by mouth every 6 hours as needed. The injured worker was noted to have severe spinal stenosis at L1-2 with the last MRI. The physical examination revealed the injured worker had severe low back pain. The diagnoses include postlaminectomy syndrome, lumbar region. The request was made for a caudal epidural steroid injection as the pain was radicular and worst in the L4-5 distribution and pain in the L3-4 distribution. Additionally, the recommendation was for a continuation of the medications and to add Elavil. The injured worker was recommended for a spinal cord stimulator trial and the medication Norco was increased to every 6 hours. Additional diagnosis included lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three caudal lumbar epidural epidural steroid injections: Upheld

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

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

Decision rationale: California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief 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. Injections performed under fluoroscopy. We recommend no more than 2 ESI injections. The clinical documentation submitted for review indicated the injured worker had previously undergone a series of prior caudal injections, which provided relief. However, there was a lack of documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks and documentation of objective functional improvement for the same duration of time. Given the above, the request for three caudal lumbar epidural steroid injections is not medically necessary.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indication the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for one prescription of Norco 10/325mg #120 is not medically necessary.

One prescription of Amitriptyline HCL 25mg #60 with three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement to include an assessment and the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for one prescription of Amitriptyline HCL 25mg #60 with three refills is not medically necessary.

One prescription of Ms Contin 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indication the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for one prescription of Ms Contin 15mg #90 is not medically necessary.