

Case Number:	CM15-0048108		
Date Assigned:	03/20/2015	Date of Injury:	03/01/2013
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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 60-year-old male, who sustained an industrial injury on 03/01/2013. He reported injury to the thoracolumbar spine. The injured worker was diagnosed as having sprain of ribs; thoracic disc protrusion; discogenetic low back pain; and bilateral carpal tunnel syndrome. Treatment to date has included medications, rest, heat, and surgical intervention. A progress report from the treating provider, dated 01/21/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of constant pain in the neck; constant pain in the rib cage; and constant pain in the lower back traveling to his left lower extremity; and numbness and tingling in the left lower extremity. Objective findings included mild paraspinal tenderness and spasms bilaterally to the thoracic spine; straight leg raising test is positive on the right and the left; and moderate paraspinal tenderness to palpation of the lumbar spine. The plan of treatment included prescription medications and epidural injections. Request is being made for Norco 10/325 mg; and for pain management for epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 01/21/15 with left wrist pain rated 2/10 and associated tingling in the left middle finger. Patient also complains of neck pain rated 4/10, lower back pain rated 7-8/10, right rib cage pain rated 5-6/10, and difficulty sleeping secondary to pain. The patient's lumbar spine pain is noted to radiate into the left lower extremity. The patient's date of injury is 03/01/13. Patient is status post thoracic facet block from T11 to L1 levels bilaterally on 03/02/15, status post unspecified lumbar surgery at a date not provided, status post right carpal tunnel release surgery at a date unspecified. The request is for Norco 10/325 MG. The RFA is dated 01/21/15. Physical examination dated 01/21/15 reveals healing surgical incisions to the right wrist with sutures still in place, and decreased range of motion to the right wrist in all planes. Lumbar examination reveals positive straight leg raise bilaterally, tenderness to palpation of the lumbar paraspinal muscles on the right. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria for use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria for use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4A's -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the request of Norco for the management of this patient's chronic pain, treater has not provided adequate documentation of pain reduction and functional improvement. This patient has been taking Norco since at least 09/10/14. As for pain reduction, progress note 01/21/15 states: "he did not take pain medication today and that the pain levels described above are without the effects of medication." Such vague statements do not satisfy MTUS requirements of pain reduction specifically attributed to medications. The treater does not provide any specific functional improvements attributed to medications. No pain scales, consistent urine drug screens, or discussion of a lack of aberrant behavior are provided. Furthermore, addressing this patient's carpal tunnel release, progress notes dated 09/10/14 through 01/21/15 - 10 progress notes in total - have identical descriptions that this patient is immediately post operative and presenting with sutures and dressings to the right wrist. No operative reports were provided so it is unclear exactly when this patient's carpal tunnel release actually took place. Owing to a lack of 4A's documentation as required by MTUS, the request is not medically necessary.

Pain Management for Epidural Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Evaluation & Management (E&M).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The patient presents on 01/21/15 with left wrist pain rated 2/10 and associated tingling in the left middle finger. Patient also complains of neck pain rated 4/10, lower back pain rated 7-8/10, right rib cage pain rated 5-6/10 and difficulty sleeping secondary to pain. The patient's lumbar spine pain is noted to radiate into the left lower extremity. The patient's date of injury is 03/01/13. Patient is status post thoracic facet block from T11 to L1 levels bilaterally on 03/02/15, status post unspecified lumbar surgery at a date not provided, status post right carpal tunnel release surgery at a date unspecified. The request is for pain management for epidural injections. The RFA is dated 01/21/15. Physical examination dated 01/21/15 reveals healing surgical incisions to the right wrist with sutures still in place, and decreased range of motion to the right wrist in all planes. Lumbar examination reveals positive straight leg raise bilaterally, tenderness to palpation of the lumbar paraspinal muscles on the right. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the treater is requesting an ESI at an unspecified level. Progress report dated 01/21/15 notes that this patient has pain, which radiates into the left lower extremity, with positive straight leg raise test bilaterally. However, neurological examination of the lower extremities was otherwise normal. No diagnostic imaging which corroborates discopathy was provided. While this patient does present with significant pain, without diagnostic imaging or electrodiagnostics, which clearly shows discopathy or nerve compression, a consultation for an ESI cannot be substantiated. The request is not medically necessary.