MAXIMUS Federal Services

Case Number:	CM15-0048797		
Date Assigned:	03/20/2015	Date of Injury:	09/12/2003
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/16/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 68 year old male, who sustained an industrial injury on September 12, 2003. He reported back pain. The injured worker was diagnosed as having a bulging lumbar disc. Treatment to date has included MRI, x-rays, epidural steroid injections, opioid and non-steroidal anti-inflammatory medications, and physical therapy. On February 24, 2015, the injured worker complains of persistent, constant pain in the back and left leg. His opioid medication helps his pain. The physical exam revealed decreased lumbar range of motion, a negative notch, tenderness at bilateral lumbar 4-5, and 70 degrees seated straight leg raise with motors intact. The treatment plan includes lumbar transforaminal epidural steroid injection and an opioid medication with 2 refills. The treating physician notes the injured worker needs brand name medication, as the generic does not relieve his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325mg #180 with two refills DAW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco10/325mg #180 with two refills DAW is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for continued Norco is not medically necessary.

L5-S1 Transforaminal epidural injection with fluoroscopy #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: L5-S1 Transforaminal epidural injection with fluoroscopy #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The documentation is not clear of physical exam findings necessitating an L5-S1 transforaminal injection. The documentation does not include objective imaging studies. The request for an L5-S1 transforaminal epidural steroid injection is not medically necessary.