

Case Number:	CM15-0049356		
Date Assigned:	03/23/2015	Date of Injury:	08/07/2012
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
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: 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 44 year old male, who sustained an industrial injury on 08/07/2012. The injured worker is currently diagnosed as having right sided lower abdominal/flank pain and lumbago. Treatment to date has included lumbar MRI, abdominal MRI, chiropractic treatment, physical therapy, and medications. In a progress note dated 02/10/2015, the injured worker presented with complaints of left lower back pain, left buttock pain, and right lateral iliac crest pain. The treating physician reported requesting authorization for selective nerve root blocks, right sided to T10, T11, and T12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 2/10/15 progress report provided by the treating physician, this patient presents with left lower back pain, left buttock pain, and right lateral iliac crest pain. The treater has asked for NORCO 10/325mg #90 on 2/10/15. The request for authorization was not included in provided reports. The patient is s/p an L-spine MRI from 12/19/14, which had normal findings. The patient is taking Norco up to 2 per day because of the pain per 2/10/15 report. Physical therapy has helped him to stand longer per 2/10/15 report. Chiropractic treatment is the only intervention in the past that has been helpful in relieving symptoms per 12/23/15 report. The patient's current medications include Norco, Simvastatin, and Asa per 2/10/15 report. Per review of reports, the patient has not had prior surgeries for the lumbar spine, but the patient had heart surgery with a stent in 2007. The patient's work status is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "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 also requires documentation of the 4As (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. The treater does not discuss this request in the reports provided. Norco has been included in patient's medications per treater reports dated 11/7/14, 12/23/14 and 2/10/15. The patient is reported to be taking 2 Norco a day per 2/10/15 report, but the treater does not state how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. Review of reports dated 11/7/14 to 2/10/15 do not mention a urine drug screen. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Feldene 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 2/10/15 progress report provided by the treating physician, this patient presents with left lower back pain, left buttock pain, and right lateral iliac crest pain. The treater has asked for FELDENE 20MG #90 on 2/10/15. The request for authorization was not included in provided reports. The patient is s/p an L-spine MRI from 12/19/14 which had normal findings. The patient is taking Norco up to 2 per day because of the pain per 2/10/15 report. Physical therapy has helped him to stand longer per 2/10/15 report. Chiropractic treatment is the only intervention in the past that has been helpful in relieving symptoms per 12/23/15 report. The patient's current medications include Norco, Simvastatin, and Asa per 2/10/15 report. Per review of reports, the patient has not had prior surgeries for the lumbar spine, but the patient had heart surgery with a stent in 2007. The patient's work status is temporarily totally disabled. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but "long-term use may not be warranted." The treater does not discuss this request in the reports provided. Feldene has been included in patient's medications per treater reports dated 11/7/14, 12/23/14 and 2/10/15. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater does not document any benefit the patient may have from taking Feldene. There are no discussions

provided regarding any change in pain and function. Therefore, the requested Feldene #90 IS NOT medically necessary.

Right side selective nerve root block at T10, T11 and T12: Upheld

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

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

Decision rationale: Based on the 2/10/15 progress report provided by the treating physician, this patient presents with left lower back pain, left buttock pain, and right lateral iliac crest pain. The treater has asked for RIGHT SIDED SELECTIVE NERVE ROOT BLOCK AT T10, T11, AND T12 on 2/10/15. The request for authorization was not included in provided reports. The patient is s/p an L-spine MRI from 12/19/14, which had normal findings. The patient is taking Norco up to 2 per day because of the pain per 2/10/15 report. Physical therapy has helped him to stand longer per 2/10/15 report. Chiropractic treatment is the only intervention in the past that has been helpful in relieving symptoms per 12/23/15 report. The patient's current medications include Norco, Simvastatin, and Asa per 2/10/15 report. Per review of reports, the patient has not had prior surgeries for the lumbar spine, but the patient had heart surgery with a stent in 2007. The patient's work status is temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain 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. The MRI of the low back from 10/12/12 was "essentially a normal study" per 2/10/15 report. The patient also underwent an MRI of the lumbar spine on 12/19/14 which was also a normal study per 2/10/15 report. Although these MRI's may not reach up to the T10 levels, no other MRI's are reported. The patient does not present with any symptoms in the lower thoracic region. The request is for 3 level transforaminal injection and MTUS does not allow more than 2 levels. There is no documentation of lower thoracic radiculopathy for which ESI's would be supported. The request IS NOT medically necessary.