

Case Number:	CM15-0055542		
Date Assigned:	03/30/2015	Date of Injury:	03/11/2014
Decision Date:	07/28/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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 45 year old male, who sustained an industrial injury on 3/11/2014. The injured worker was diagnosed as having lumbar spine disc bulge at L5-S1 and lumbar spine bilateral radiculopathy L5 and S1. Treatment to date has included physical therapy and medications. On 2/23/2015, the injured worker complained of severe pain and spasm to both his mid and low back. He had pain radiating across his rib cage and radiating pain and numbness down his bilateral lower extremities. He stated he was unable to work due to his painful condition. Exam of the lumbar spine noted severe spasm about the lower lumbar region, increased to the right side, painful and decreased range of motion, tenderness to palpation, and Lasegue's test was positive bilaterally. Motor strength was 5/5 and sensory exam showed decreased sensation to the bilateral posterior and lateral thighs, down to the plantar surface of the right foot. He was given an injection of Dexamethasone and Depomedrol. He was given a prescription for Norco for pain, noting discussion regarding the use of opioid medication. His work status was total temporary disability. The previous visit (1/27/2015) noted similar complaints and physical exam, at which time he continued modified work, despite his pain. He was given an injection of Toradol, Dexamethasone, and Depomedrol. He was also given a prescription for Norco. He also received injections of Toradol, Dexamethasone, and Depomedrol on 12/24/2014, in addition to Norco. Injections of Toradol, Dexamethasone, and Depomedrol were again noted on 11/24/2014 and 10/21/2014. Urine toxicology was not submitted. Per the most recent progress report (3/09/2015), he stated he was off work and had

very little, if any improvement in pain and symptoms. His work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexamethasone 10mg and Depo-Medrol 80mg injection x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Duration Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic) Criteria for the use of Corticosteroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Corticosteroids (oral/parenteral/IM for low back pain) Section.

Decision rationale: Per MTUS guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, corticosteroid injections are recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. (1) Patients should have clear-cut signs and symptoms of radiculopathy; (2) Risks of steroids should be discussed with the patient and documented in the record; (3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record; (4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In this case, the injured worker is being treated for a chronic condition. There is no indication that there has been an acute exacerbation of pain or acute injury. The request for Dexamethasone 10mg and Depo-Medrol 80mg injection x1 is determined to not be medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either

significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg, #60 is determined to not be medically necessary.