MAXIMUS Federal Services

Case Number:	CM15-0056819		
Date Assigned:	04/01/2015	Date of Injury:	10/26/2010
Decision Date:	05/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/25/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 10/26/10. He reported initial complaints of lumbar injury. The injured worker was diagnosed as having lumbar lumbosacral intervertebral disc displacement; lumbar radiculopathy; right wrist sprain; right plantaris tear. Treatment to date has included MRI lumbar spine (9/10/11); lumbar epidural steroid injection (2012); drug testing for medical management; medications. Currently, the PR-2 notes dated 3/9/15, the injured worker complains of frequent low back pain that radiates to the bilateral lower extremities associated with numbness and tingling to the toes. The pain is aggravated by bending, sitting, standing with moderate sleep difficulty due to pain. There is presence of bladder dysfunction, difficult urination but does not detail if this is related to the lumbar symptomology. The MRI of 2011 demonstrates levels of disc bulge, facet arthropathy and mild foraminal stenosis. The notes indicate prior lumbar epidural steroid injection several years ago resulted in more than 3 months benefit and reducing the use of medications. The provider's treatment plan includes bilateral transforaminal block at L5-S1 and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #60 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in October 2010 and continues to be treated for chronic low back pain with lower extremity radiating symptoms. The treating provider documents positive straight leg raising with decreased lower extremity sensation. An MRI scan showed multilevel spondylosis without apparent neural compromise. Norco and Tramadol are being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Medications also include zolpidem being prescribed on a long-term basis. Norco (hydrocodone/ acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day which is within guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Zolpidem #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in October 2010 and continues to be treated for chronic low back pain with lower extremity radiating symptoms. The treating provider documents positive straight leg raising with decreased lower extremity sensation. An MRI scan showed multilevel spondylosis without apparent neural compromise. Norco and Tramadol are being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Medications also include zolpidem being prescribed on a long-term basis. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, zolpidem was not medically necessary.

Bilateral L5-S1 transforaminal block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in October 2010 and continues to be treated for chronic low back pain with lower extremity radiating symptoms. The treating provider documents positive straight leg raising with decreased lower extremity sensation. An MRI scan showed multilevel spondylosis without apparent neural compromise. Norco and Tramadol are being prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Medications also include zolpidem being prescribed on a long-term basis. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, when seen by the requesting provider, there were no reported test results that would support a diagnosis of lumbar radiculopathy. The claimant had previously undergone an epidural steroid injection with good results but not further described in terms of degree or duration of pain relief or other effects. Therefore, the requested epidural steroid injection was not medically necessary.