MAXIMUS Federal Services

Case Number:	CM15-0056963		
Date Assigned:	04/01/2015	Date of Injury:	10/14/2008
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
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: Pennsylvania
Certification(s)/Specialty: Internal 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:

This is a 51-year-old female who has reported low back pain after an injury on 10/14/2008. The diagnoses included lumbar radiculitis and lumbar degenerative disc disease. Treatment to date has included medications and physical therapy. Per the pain management reports in 2014-2015, there was ongoing low back pain radiating to the buttock and leg. Medication was reported to allow getting out of bed, walking, and standing. She could not work. Walking was ½ block, sitting was one hour, and standing was 1.5 hours. Pain relief was reported as 40-80%, and the pain level was 5-8/10. One report stated that pain was 7-8/10 with medications. The physical examination findings were of tenderness, reduced range of motion, right L5 dysesthesia, and a positive right straight leg raising. There was no actual work status described. A Request for Authorization of 12/15/14 was for Roxicodone, Soma, and a urine drug screen. None of the PR2's discuss the specific medications that were used on an ongoing basis. One report listed Lyrica. On 2/9/2015, pain was 7/10 in the low back, groin, and buttock. There was decrease in range of motion. A urine drug screen from 1/21/15 was reported to be positive for oxycodone and negative for Soma. The treatment plan included Roxicodone, a lumbar epidural steroid injection, Fluoroscopy, and Follow up Visit with unspecified specialist for the lumbar spine. On 3/24/15 Utilization Review (UR) non-certified Roxicodone, a lumbar epidural steroid injection, fluoroscopy, and an office visit. UR noted that the medication and epidural steroid injection did not meet the MTUS recommendations, and that the need for another visit was not clear since the epidural steroid injection was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The reports show relatively poor function over time, with very limited walking ability. The reports state that the injured worker cannot work, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. If the injured worker cannot perform any and all work activity, function is extremely poor and this represents a failure of treatment, including opioids. Pain has been as high as 8/10 and as low as 5/10 even while taking unspecified medications. This does not match the 80% reported pain relief and does not represent substantial pain relief at least some of the time. None of the reports address the results of using any specific medication. The references are to unspecified medications only, and the reports do not list or discuss the ongoing medications. This is not adequate for ongoing prescribing of any chronic pain medication. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time, with documentation of specific results of use. There is no record of this. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. No formal drug test result was included in the records. The one test mentioned was negative for the prescribed Soma, which would be a failed test. There was no discussion of this result by the treating physician. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.

Lumbar Epidural Steroid Injection, right L4-5: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The treating physician did not present imaging or electrodiagnostic testing findings to support a consistent clinical presentation of specific radicular pain. The reported pain is non-specific and not clearly associated with a specific lesion. Therefore, the request is not medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the proposed epidural steroid injection is not medically necessary, none of the associated services, including fluoroscopy, are medically necessary.

Follow-Up Visit with Specialist for the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Approach to Medications for Chronic Pain Page(s): 7-8.

Decision rationale: The follow-up visit is presumed to be with the same physician that has been seeing this injured worker over time. Even if the epidural steroid injection is not medically necessary, the injured worker should still have access to a physician for prescribing of medications and possibly other treatment. The MTUS lists many different treatments for chronic pain, with medications being one of the more common. The Utilization Review is overturned, as the Utilization Review stated that a follow-up visit was not necessary if the injection was not necessary. Another visit may be indicated for other reasons, including medication management. As such, the request for follow up visit is medically necessary.