

Case Number:	CM15-0060393		
Date Assigned:	04/06/2015	Date of Injury:	03/26/1994
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
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:

The injured worker is a 59-year-old female who sustained a work related injury on March 26, 1994, injuring her lower back. She was diagnosed with degenerative joint disease and degenerative disc disease of the lumbar spine. Treatment included surgical intervention of a laminectomy and spinal fusion, spinal pain pump placement, epidural steroid injections and pain medications. Currently the injured worker complained of low back pain radiating into the right lower extremity. The treatment plan that was requested for authorization included a Lumbar epidural steroid injection under fluoroscopy and a prescription for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Percocet 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 5/325 mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; low back pain; lumbar radiculopathy; and status post lumbar fusion. The injured worker has been using Oxycodone as far back as 2006. The injured worker has been using Oxycodone (Percocet) steadily as far back as 2012. According to an August 15, 2015 progress note, the injured worker was taking Percocet 5/325 mg one tablet every 6 to 8 hours. In the more recent progress note dated February 6, 2015, the dose of Percocet was increased to Percocet 5/325 mg one tablet every 4 to 6 hours. The injured worker has an intrathecal pump that administers Dilaudid (a long acting opiate). The VAS pain score from the February 6, 2015 progress note with 7/10. The injured worker has increased complaints of pain. An intrathecal pain pump should reduce the need for oral opiates. The injured worker, as noted above, has been using Percocet steadily, at a minimum, for three years. The dose of Percocet has increased from August 2014 through February 2015. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record (with ongoing long-term opiate use). There is no documentation indicating objective functional improvement with ongoing opioid use (both intrathecal Dilaudid and Percocet). Additionally, there is no documentation of weaning Percocet from the drug regimen. Consequently, absent compelling clinical documentation with objective functional improvement, no attempt to wean Percocet, no risk assessment for detailed pain assessment, Percocet 5/325 mg is not medically necessary.

Lumbar Epidural Steroid Injection at L3-4 under Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection at L3-L4 under fluoroscopy is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants);

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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; low back pain; lumbar radiculopathy; and status post lumbar fusion. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; low back pain; lumbar radiculopathy; and status post lumbar fusion. A progress note dated February 6, 2015, objectively, states the lumbar spine is tentative palpation at L2 - L3, L3 - L4, L4 - L5 and L5 - S1. Motor strength is 5/5 in the bilateral lower extremities. Sensation is normal. There is no objective evidence of radiculopathy documented by physical examination. An MRI lumbar spine performed January 6, 2015 showed multilevel disc degeneration with mild canal and pyramidal stenosis at each level. An MRI was performed that does not corroborate physical findings of radiculopathy. Consequently, absent clinical documentation with objective evidence of radiculopathy and MRI evidence to corroborate, epidural steroid injection at L3-L4 under fluoroscopy is not medically necessary.