

Case Number:	CM15-0082338		
Date Assigned:	05/04/2015	Date of Injury:	05/17/2010
Decision Date:	09/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 46-year-old female, who sustained an industrial injury on 5/17/2010. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculopathy, bilateral carpal tunnel syndrome, left shoulder pain; chronic pain and status post left shoulder surgery. There was associated anxiety associated with the chronic pain syndrome. The 7/28/2010 MRI of the lumbar spine showed multilevel disc bulges, stenosis, lateral recess narrowing and contact with S1 nerve roots. There was gastritis associated with the use of oral NSAIDs. Treatment to date has included epidural steroid injection on 12/9/2014 that provided 50-80% pain relief and good functional improvement. In a progress note dated 4/1/2015, the injured worker complains of neck pain radiating to the bilateral upper extremities and low back pain radiating down the bilateral lower extremities. The pain score was 7/10 with medications and 9/10 without medications. The treating physician is requesting bilateral lumbosacral epidural steroid injection under fluoroscopic guidance, Relafen, Ultram ER, Hydrocodone, urine drug screen, Neurontin and Prilosec. The CURESS report and the UDS test was noted to be consistent in November 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Steroid Injection at L5-S1 under Fluroscopic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with lumbar radiculopathy. The patient reported significant pain relief following the last lumbar epidural steroid injection. The pain score had not decreased consistently with medications treatment. The criteria for bilateral L5-S1 lumbar epidural steroid injection under fluoroscopy were met. Therefore, the request is medically necessary.

Relafen 750mg, #60, 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with development of cardiac, gastrointestinal and renal complications. The records indicate that the patient reported significant pain with utilization of medications. The patient is utilizing Prilosec for the control of the gastrointestinal side effects. The criteria for the use of Relafen 750mg # 60 1 refill was met, and therefore medically necessary.

Ultram ER 200mg, #30, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of opioids can lead to the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The adverse effects are significantly increased when multiple opioids are utilized concurrently. The records show that the UDS and CURESS reports were consistent. The patient is utilizing high doses of multiple opioid medications but the analgesic effects had not improved indication possible opioid induced hyperalgesia. The criteria for the reduction of opioid medications were met. The guidelines do not recommend opioid refills because

documentation of efficacy and continual compliance is required before new opioid prescriptions. The criteria for the use of Ultram ER 200mg #30, 1 refill were not met. The guidelines recommend that opioids reduction program be utilized for safe weaning of opioids, therefore is not medically necessary.

Hydrocodone 10/325mg, #90, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatments with NSAIDs, non-opioid co-analgesics and PT. The chronic use of opioids can lead to the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. The adverse effects are significantly increased when multiple opioids are utilized concurrently. The records show that the UDS and CURESS reports were consistent. The patient is utilizing high doses of multiple opioid medications but the analgesic effects had not improved indication possible opioid induced hyperalgesia. The criteria for the reduction of opioid medications were met. The guideline does not recommend opioid refills because documentation of efficacy and continual compliance is required before new opioid prescriptions. The criteria for the use of Hydrocodone /APAP 10/325mg #90 1 refill was not met. The guidelines recommend that opioids reduction program be utilized for safe weaning of opioids, therefore is not medically necessary.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that urine drug screens can be utilized for the monitoring of compliance with opioids and sedative medications. The guidelines recommend that documentation of compliance monitoring with UDS, absence of aberrant behavior, functional restoration and CURESS data reports. The records show that the UDS and CURESS reports were consistent. The guideline does not recommend opioid refills because documentation of efficacy and continual compliance is required before new opioid prescriptions. The criteria for the refills of Hydrocodone and Ultram were not met. The criteria for 1 Urine Drug Screen were not met, therefore is not medically necessary.

Neurontin 300mg, #90, 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiepileptics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathy and chronic musculoskeletal pain syndromes. It is advised that anticonvulsants will be beneficial in patients with co-existing psychosomatic symptoms. The records indicate that the patient reported pain relief and functional improvements with utilization of Neurontin. There is no reported adverse effect associated with the utilization of Neurontin. The criteria for the use of Neurontin 300mg #90 1 refill was met, therefore is medically necessary.

Prilosec DR 40mg, #30, 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAID.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with development of cardiac, gastrointestinal and renal complications. The records indicate that the patient reported significant pain with utilization of medications. The patient is utilizing Prilosec for the control of the gastrointestinal side effects. The criteria for the use of Prilosec DR 40mg #30 1 refill was met, therefore is medically necessary.