MAXIMUS Federal Services

Case Number:	CM14-0124007		
Date Assigned:	09/16/2014	Date of Injury:	05/14/2002
Decision Date:	10/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a 52 year old man who was involved in a work related injury on May 14, 2002. The worker sustained a knee injury, for which he was treated. On the way to a doctor's appointment, the worker was involved in a car accident, leading to other medical and orthopedic problems, including a back injury. The worker complains of low back pain which radiates down into the left foot. There is a request for lumbar epidural injection and continued use of Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The available data from later in 2014 onward notes only low back pain. There is no data supporting any subjective complaints of radiculopathy. Exam findings referencing the back are minimal and include nothing about the worker's back, range of motion, etc., and include no data documenting any active lumbar radiculopathy. There is nothing about any focal neurological deficits in the lower extremities. Last, there is a magnetic resonance

imaging reference stating that the lumbar magnetic resonance imaging scan shows disc disease/stenosis at L4-5 and L5-S1, but there is nothing about any neurocompressive lesion. There is no information about recent physical therapy or other functional restoration program. Given this, the guidelines for a lumbar epidural steroid injection are not met and the request is therefore not considered medically necessary.

One prescription of Vicodin ES, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen (Vicodin); Opioids, criteria for use; Wh.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids Page(s): 51; 74.

Decision rationale: The request for continuation of Vicodin is not supported. The worker has been taking this medication for years. I find nothing to support continuation of this medication. There is nothing indicating any reduction in pain, improvement in visual analog scale scores, or functional improvement with the use of this drug. From the Medical Treatment Utilization Schedule guidelines, "the criteria for use of opioids section states, "4) On-Going Management. ... The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control ... (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) (g) Continuing review of overall situation with regard to non-opioid means of pain control." None of the 4 A's are documented, and there is nothing provided to support the continued use of this drug. Therefore, this request is not considered medically necessary.