

Case Number:	CM14-0134691		
Date Assigned:	08/27/2014	Date of Injury:	10/10/2013
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

The injured worker is a 52 year old male who reported an injury on 10/10/2013 while loading mixer at shop, his back gave out. The injured worker was diagnosed with lumbar and sacral spondyloarthritis, degenerative disc disease, and arthritis of the hip. The injured worker was treated with medications and epidural steroid injections. The injured worker had an official x-ray of the lumbar spine on 10/28/2013, an official x-ray of the hip/pelvis on 05/29/2014, and an unofficial MRI of lumbar spine on 12/19/2013 which the physician noted revealed multilevel degenerative changes and scattered regions of foraminal stenosis, extruded disc material to the right at L5-S1, mass effect on the right S1 nerve root in the lateral recess and probable impingement of the left S1 nerve, as well as moderate-to-severe facet arthropathy which caused severe bilateral foraminal narrowing. The injured worker had an epidural steroid injection on 06/23/2014 at L5-S1 per the physician's report dated 06/23/2014. The injured worker complained of lower lumbar pain with burning pain shooting down both legs, numbness and tremors to posterior thighs rated 6/10. The injured worker had lumbar range of motion with flexion at 25 degrees and a 50 percent decrease to range of motion in the right hip. On the physician's report dated 07/29/2014 the injured worker was prescribed Norco 10/325mg every 8 hours as needed and gabapentin 300mg twice daily. The treatment plan was for 4 more epidural injections and Norco 10/325mg #90. The rationale for the request was for multilevel degenerative disc disease. The request for authorization was submitted for review on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 309, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Chronic Pain.

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

Decision rationale: The request for 4 epidural injections is not medically necessary. The injured worker is diagnosed with lumbar and sacral spondyloarthritis, degenerative disc disease, and arthritis of the hip. The injured worker complains of lower lumbar pain with burning pain shooting down both legs, numbness and tremors to posterior thighs rating it 6/10. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance. A second block is not recommended if there is inadequate response to the first block. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker had an epidural steroid injection at L5-S1 on 06/23/2014 and stated he had no relief from it. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior epidural steroid injection with 50% reduction of pain as well as decreased medication usage for 6-8 weeks. Given the lack of response to the previous epidural steroid injection, additional epidural steroid injections at the same level would not be indicated. The request for 4 epidural steroid injections would exceed the guideline recommendation for only 4 blocks per year. Additional epidural steroid injection cannot be provided without assessing the efficacy of the prior injection; therefore, the request for 4 additional injections would not be indicated. Additionally, the request does not indicate the levels at which the injections are to be performed as well as whether fluoroscopy is to be used. Therefore, the request for 4 epidural injections is not medically necessary.

1 prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #90 is not medically necessary. The injured worker is diagnosed with lumbar and sacral spondyloarthritis, degenerative disc disease, and arthritis of the hip. The injured worker complains of lower lumbar pain with burning pain shooting down both legs, numbness and tremors to posterior thighs rating it 6/10. The California MTUS guidelines recommend an ongoing review of medications with the documentation of pain

relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the medications be no more than 120 mg morphine equivalence per day. The injured worker's medical records lack the documentation of pain rating pre and post medication, the least reported pain over the period since last assessment, the average pain rating, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation that indicates whether there are side effects and aberrant drug related behaviors present. The documentation did not include a recent urine drug screen. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Also, the request does not indicate the frequency of the medication. As such, the request for Norco 10/325mg #90 is not medically necessary.