

Case Number:	CM14-0148381		
Date Assigned:	09/18/2014	Date of Injury:	03/30/2006
Decision Date:	10/16/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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 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:

This is a 62 year old male with a 3/30/06 injury date. The mechanism of injury is not provided. In a follow-up on 8/26/14, the patient has continued low back pain and bilateral lower extremity numbness and tingling. Objective findings include tenderness over the paralumbar muscles and no change in motor/sensory exam. In a follow-up on 6/26/14, the patient has improved but constant low back pain with left leg radiation. He is s/p bilateral L5 transforaminal epidural steroid injection on 6/13/14 with greater than 60% pain relief. Minimal objective findings are reported. In a follow-up on 5/1/14, the patient reports that without his pain medication his score is 8/10 and with the medication it is 4/10. He states that his last transforaminal epidural steroid injection on 12/6/13 helped to decrease his pain by 70%, this lasted 3-4 months, and helped him do walking about 1-2 miles daily. Objective findings included a positive straight leg raise on the left that reproduced leg pain. A lumbar spine MRI on 5/15/14 showed no significant interval change since the prior study on 8/10/12. There was moderate canal stenosis at the L1-2 and L2-3 levels without evidence of compression upon intraspinal or exiting nerve roots throughout the lumbar spine to suggest radiculopathy. Diagnostic impression: failed back surgery syndrome, lumbar radiculopathy. Treatment to date: lumbar laminectomy (11/09), medications, home exercise program, injections. A UR decision on 9/3/14 denied the request for repeat L5 epidural steroid injection on the basis that there was no discussion of MRI or EMG findings, the physical exam was not very detailed, and there was no discussion of the success of the previous injection. The request for Norco was denied because there was no clear documentation of functional and pain score benefits. The retrospective urine drug screen was denied because there was no discussion of risk stratification or how many tests the claimant had in the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat transforaminal epidural steroidal injections L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, the patient appears to have been getting enough relief from previous ESIs to meet the guideline criteria for pain relief. However, the documented objective exam findings are not very detailed or specific, and do not show clear-cut clinical radiculopathy. In addition, the latest MRI does not show any evidence of a nerve root lesion at any level. There are no EMG/NCV studies for review. There are no imaging study available that documents nerve root pathology. Therefore, the request for Repeat Transforaminal Epidural Steroid Injections L5 is not medically necessary.

Norco 10/325mg: 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): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2006 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In the present case, there is no documentation of previous urine toxicology screens, pills counts, or opiate contracts. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Norco 10/325 mg is not medically necessary.

Retrospective urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online , Chronic pain urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238,Chronic Pain Treatment Guidelines Drug Testing page ,Urine testing in in ongoing opiate management Page(s): 43,78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, there are no prior drug screens available for review in the documentation that would enable a retrospective certification. No information has been provided to support the need for drug testing. Therefore, the request for retrospective Urine Drug Screen is not medically necessary.