

Case Number:	CM14-0165353		
Date Assigned:	10/10/2014	Date of Injury:	07/06/2009
Decision Date:	11/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 44-year-old female who sustained an injury on 7/6/09. As per 9/12/14 report, she presented with constant severe low back pain with radiation down the left lower extremity and pain was described as throbbing, pins and needles, stabbing, numbness, pressure, burning, stinging, cramping, weakness and spasm. She had associated leg pain and weakness. The pain was rated at 5/10 at best and 9/10 at worst. Exam revealed lumbar flexion at 90 degrees, positive SLR on the left, mildly antalgic gait, bilateral lumbar spasm, diminished left lower extremity strength, and decreased deep tendon reflexes at bilateral knees and ankles. Lumbar MRI dated 10/28/09 revealed disk osteophyte bulge at L3-4 causing moderate left lateral recess and foraminal impingement. She is currently on Prozac, Opana, Ibuprofen, and Norco. Opana and Norco are necessary for her to maintain function and good pain control. In July 2009, she had two ESIs that did not help her much. Currently TESI at L4, L5 and S1 was recommended due to back pain that is going down the lower extremity, sharp burning sensation, and presentation and exam being consistent with exacerbation of lumbar radiculopathy. She cannot do home exercise program and wants to try lumbar ESI again with 70% relief that lasts greater than 4 months. Diagnoses include lumbar radiculopathy, stenosis of lumbar spine, degenerative disc disease; thoracic, and obesity. The request for 1 prescription of Opana ER 10mg #60 was modified to Opana ER 10mg #24 and 1 left lumbar transforaminal at L4, L5, S1 anesthesia with x-ray and fluroscopic guidance was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Opana ER 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

Decision rationale: Per ODG, Oxymorphone Extended Release (Opana ER) is a controlled, extended and sustained release preparation that is not recommended as first line therapy. Due to issues of abuse and Black Box FDA warnings, Oxymorphone is recommended as second line therapy as a long acting opioid. Oxymorphone products do not appear to have any clear benefit over other agents, should be reserved for patients with chronic pain, who are need of continuous treatment. Regarding opioids, guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is no documentation of failure of first line therapy. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity for Oxymorphone ER has not been established according to guidelines and based on documentation.

1 left lumbar transforaminal at L4, L5, S1 anesthesia with x-ray and fluroscopic guidance: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clinical evidence of radiculopathy in the levels being requested, although there is documentation of lumbosacral radiculopathy in the left leg. Furthermore, there is no imaging or electrodiagnostic evidence of left L4, L5 or S1 nerve roots compression. There is no documentation of trial and failure of conservative management such as physiotherapy (i.e. PT progress notes). Therefore, the medical necessity of the request for left L4, L5 and S1 TF-ESI is not established per guidelines and due to lack of documentation.

