

Case Number:	CM14-0165529		
Date Assigned:	10/10/2014	Date of Injury:	03/09/2013
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/08/2014

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 Internal Medicine, Pulmonary Disease, 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 64-year-old male who reported an injury on 03/09/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar spine radiculopathy. Past medical treatment consists of ESIs, physical therapy, and pain medication. Medications include Norco and Menthoderm. A urine drug screen submitted on 08/14/2014 showed that the injured worker was inconsistent with prescription medications. On 08/14/2014, the injured worker complained of lower back pain. The physical examination had a note that the injured worker had decreased range of motion. Flexion was 50/60, extension was 20/25, left lateral was 20/25, and right lateral was 20/25. Medical treatment plan was for the injured worker to continue the use of medications and undergo ESIs. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Norco, Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. An assessment indicating pain levels before, during and after should also be submitted for review. The submitted documentation lacked the efficacy of the medication, nor did it indicate that the Norco was helping with any functional deficits. Additionally, there was no documentation of any adverse side effects the injured worker might be having with the use of the medication. A drug screen was submitted on 08/14/2014 showing that the injured worker was not in compliance with prescription medications. It showed positive for tramadol. Furthermore, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. The request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Norco 10/325mg #120 is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state using a urine drug screen to assess for the use of presence of illegal drugs is recommended as an option. Drug screens are one step used to take before a therapeutic trial of opioids and ongoing management of opioids. There also used to differentiate dependence and addiction. The submitted documentation indicated that the injured worker underwent a urine drug screen 08/14/2014. A rationale was not submitted for review to warrant an additional urinary drug screen. Recommendations are at least twice a year. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request for Urine toxicology is not medically necessary.

Right side ESI at L4-5: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There

was no information on improved function. The criteria for the use of an ESI are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical documentation submitted for review lacked any objective findings of radiculopathy, numbness, weakness, and loss of strength. It was noted on the documentation that the injured worker had a diagnosis of radiculopathy. However, there lacked documentation indicating that the injured worker was initially unresponsive to conservative treatment, which would include exercise, physical methods, and medication. Furthermore, the request as submitted did not indicate the use of fluoroscopy for guidance in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, The request for Right side ESI at L4-5 is not medically necessary.

Left side ESI at L4-5: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There was no information on improved function. The criteria for the use of an ESI are as follows: radiculopathy must be documented by physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, and no more than 2 nerve root levels should be injected using transforaminal blocks. The clinical documentation submitted for review lacked any objective findings of radiculopathy, numbness, weakness, and loss of strength. It was noted on the documentation that the injured worker had a diagnosis of radiculopathy. However, there lacked documentation indicating that the injured worker was initially unresponsive to conservative treatment, which would include exercise, physical methods, and medication. Furthermore, the request as submitted did not indicate the use of fluoroscopy for guidance in the request. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Left side ESI at L4-5 is not medically necessary.

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Flexibility

Decision rationale: ODG do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000) Measurement of three dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder than range of motion. The submitted documentation did not indicate any functional deficits the injured worker might be having of the lumbar back. Additionally, it was unclear as to how the injured worker would not benefit from a home exercise program. Furthermore, the request as submitted did not indicate a frequency nor did it specify what extremity was going to be receiving the range of motion. Given the above, the injured worker is not within ODG criteria. As such, the request for Range of motion is not medically necessary.