

Case Number:	CM14-0166738		
Date Assigned:	10/13/2014	Date of Injury:	09/20/1995
Decision Date:	11/13/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 60-year-old male presenting with chronic pain following a work-related injury. The claimant reported back pain and left knee pain. On 06/18/2014, the claimant reported 7/10 pain. The claimant reported that the injection was helpful. The claimant has tried physical therapy and according to the medical records, he refuses to go. The claimant has also tried epidural steroid injections and prescription medications with moderate relief. The claimant is status post right total knee replacement, lumbar spine surgery x 2 in 1998 and cervical spine surgeries x 2 in 2006. The physical exam showed tenderness to palpation on the right neck, along paraspinal muscles, slightly limited lateral flexion and left rotation of the cervical spine, tenderness at the cervical spine, limited range of motion of the lumbar spine in all directions, positive straight leg raise, abnormal heel/toe walk and gait. X-ray of the lumbar spine showed degenerative disc disease at T12-L3, scoliosis at the L1-2 and 3 mm retrolisthesis at L2 to L4. The claimant was diagnosed with post-laminectomy syndrome lumbar region, other chronic pain, muscle spasm, and lumbago. A request was made for an Epidural steroid injection, 1 urine drug screen and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Bilateral Lumbar Translaminar Epidural Steroid Injection at L5-S1 under Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Repeat Bilateral Lumbar Translaminar Epidural Steroid Injection at L5-S1 under Fluoroscopy is not medically necessary. The California MTUS page 47 states the purpose of epidural steroid injections 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 is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy. If the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. Guidelines recommend no more than 2 epidural steroid injections. The medical records noted that this claimant had previous epidural steroid injections, but his response to them was not quantified. Additionally, there was a lack of documentation on how long the claimant trialed conservative therapy. Per California MTUS guidelines, conservative therapy should be trialed with NSAIDs (non-steroidal anti-inflammatory drugs) and physical therapy for at least 6 weeks. Therefore, the requested service is not medically necessary.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 97.

Decision rationale: 1 Urine Drug Screen is not medically necessary. Per California MTUS guidelines on urine drug screens (UDS) indicate their use to assess for the use or the presence of illegal drugs as an option in patients on chronic opioids, and they recommend screening for the risk of addiction prior to initiating opioid therapy. However, this request did not address the type of UDS to be performed, or the frequency of testing. The ODG guidelines also recommend UDS testing using point of care immunoassay testing prior to initiating chronic opioid therapy, and if this test is appropriate, confirmatory laboratory testing is not required. Further urine drug testing frequency should be based on documented evidence of risk stratification including use of the testing instrument with patients at low risk of addiction or aberrant behavior. There is no reason to perform confirmatory testing unless tests is an appropriate orders on expected results, and if

required, a confirmatory testing should be for the question drugs only. If urine drug test is negative for the prescribed scheduled drug, confirmatory testing is strongly recommended for the question drug. There is no documentation of his urine drug testing limited to point of care immunoassay testing; therefore the requested services is not medically necessary.

Oxycontin 60mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Oxycontin 60mg #60 is not medically necessary. Per page 79 of the MTUS guidelines, weaning off opioids is recommended if there is (a) no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) serious non-adherence, and (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid. In fact, the claimant was designated permanent and stationary; therefore, the requested medication is not medically necessary.

Norco 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325mg #90 is not medically necessary. Page 79 of the MTUS guidelines states that weaning off opioids is recommended if there is (a) no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) serious non-adherence, and (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid. In fact, the claimant was designated permanent and stationary; therefore, the requested medication is not medically necessary.