

Case Number:	CM14-0179415		
Date Assigned:	11/03/2014	Date of Injury:	10/07/2005
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 patient is a 52 year old male who developed chronic low back pain subsequent to an injury dated 10/7/05. He has been diagnosed with chronic low back pain with an associated radiculopathy. He has been treated with oral analgesics (Percocet, Norco, Topamax) and multiple epidural injections of different types and locations. The latest left L4,5, S1 epidural was 5/14/14. Subsequent evaluations stated that there was a 50% improvement in pain and function however, the VAS scores were actually elevated after the injection and there was not change in medications. Subsequent VAS scores remain between 8-10/10 depending upon the day and are reported to remain the same during this time period. No specific functional measurements are reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (TESI) Left L4, L5, and S1 (with Anesthesia, Fluoroscope Guidance and Radiology): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: MTUS Guidelines are very specific regarding the appropriateness of repeat epidural injections. They are only supported if there is greater than 50% pain relief plus diminished use of medications. In addition, only 2 nerve roots are recommended for injection at a single setting. These conditions have not been met. VAS scores and medication use did not diminish as a result of the prior epidural injection. Also, the number of levels requested is not consistent with Guidelines. The request for Left L4, 5 and S1 Epidural Injections is not medically necessary.

Soma 350mg tabs (Carisoprodol) 1 tablet orally bid (twice daily) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page(s): 29.

Decision rationale: MTUS Guidelines specifically state that Carisoprodol is not recommended for use in chronic pain or as a muscle relaxant. There are no unusual circumstances to justify an exception to Guidelines. The request for Carisoprodol is not medically necessary.

Percocet 10-325mg tabs (Oxycodone-Acetaminophen) 1 tablet orally every 4-6 hours max 5 tablets per day #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78-80.

Decision rationale: MTUS Guidelines have specific standards for responsible prescribing of opioids. These standard include specific documentation of how the medications are utilized, level of pain relief and length of pain relief. There are some general statements of 50% pain relief, but this is contradicted in the VAS scoring and complaints of unaffected pain relief. In addition, there are no specific measurements of functional improvements. Under these circumstances the continued use of chronic opioids is not Guideline supported. The request for Percocet 10/325mg #150 is not medically necessary.