

Case Number:	CM14-0180086		
Date Assigned:	11/04/2014	Date of Injury:	12/25/2008
Decision Date:	12/17/2014	UR Denial Date:	10/02/2014
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:

Patient is a 40-year-old male with date of injury 12/25/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/21/2014, lists subjective complaints as pain in the low back with radicular pain to the bilateral lower extremities. Objective findings: Examination of the low back revealed dorsolumbar spine flexion 60, extension 10, and right and left bending 20 with motor strength 5/5. Straight leg raising test was negative bilaterally. Fabere test was negative. There was diminished sensation to light touch in the left lateral shin and anterior foot. Left ankle reflex was absent. Diagnosis: 1. Lumbar strain/sprain with multilevel disc disease L4-L5 and L5-S1 with facet disease 2. Status post cervical spine surgery, anterior cervical discectomy and fusion C4-C6, 06/23/2014. 3. Lumbar stenosis with neurogenic claudication's. MRI of the lumbar spine performed on 09/05/2014 was notable for no spondylolisthesis or instability with flexion and extension, degenerative disc space narrowing, and mild osteophyte formation at L3-4 through L5-S1. Original reviewer modified medication request to Nucynta 100mg ER, #15. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. Medications: 1. Nucynta 100mg ER, #90 SIG: two tablets per day2. Morphine ER 30mg, #60 SIG: not provided3. Skelaxin 800mg, #30 SIG: at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

One interlaminar L5-S1 epidural steroid injection: Overturned

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient's physical exam indicates an S1 radiculopathy and the most recent MRI shows osteophyte complexes present at the L5-S1 segment. An epidural steroid injection at the L5-S1 level is justified. I am reversing the previous utilization review decision. One interlaminar L5-S1 epidural steroid injection is medically necessary.

Nucynta 100 mg ER #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 4 months. Nucynta 100 mg ER #90 is not medically necessary.

Morphine ER 30 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific

benefit with respect to pain and function should be documented for each medication. The patient is taking Nucynta and morphine at the same time. Morphine ER 30 mg #60 is not medically necessary.

Skelaxin 800 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. The patient has been taking Skelaxin for at least 4 months. Skelaxin 800 mg #30 is not medically necessary.