

Case Number:	CM14-0091841		
Date Assigned:	07/25/2014	Date of Injury:	01/13/2002
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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:

The patient is a 66-year-old female who has submitted a claim for lumbar discogenic disease, lumbar radiculitis, lumbar facet syndrome, status post lumbar laminectomy x 2, and failed back syndrome associated with an industrial injury date of January 13, 2002. Medical records from 2013-2014 were reviewed. The patient complained of persistent low back pain, rated 8-10/1 in severity. The pain radiates to the lower extremities. She also has spasms on both sides of the lower back associated with the pain. There was cramping in both calves. Numbness and tingling in both feet was noted. Physical examination showed tenderness along ZA joints of the lower lumbar spine, with more tenderness on the left side. Range of motion was limited and painful. Motor strength was 4/5 in the lower extremities. The patient was unable to toe or heel walk. Sensory examination showed altered sensory perception in L4-L5 and L5-S1 dermatomes. Reflexes were 1+ with absent ankle reflex. Straight leg raise test was positive bilaterally. MRI of the lumbar spine, dated August 12, 2014, revealed at L5-S1 there is moderate to advanced degenerative disc disease with evidence of laminectomy with retrolisthesis of the L5 on S1 vertebral body, small posterior annular diffuse disc bulge without significant central canal stenosis and mild bilateral neural foraminal narrowing; L4-L5 mild annular diffuse disc bulge on the left foraminal region and mild bilateral facet disease which cause borderline central canal and left-sided neural foraminal narrowing; and L3-L4 minimal foraminal disc bulge and mild bilateral facet disease without significant central canal or neural foraminal stenosis. Treatment to date has included medications, home exercise program, activity modification, lumbar epidural steroid injections, sacroiliac trigger point injections, and lumbar laminectomy. Utilization review, dated June 10, 2014, denied the request for bilateral 2 level TLESI at L4-L5 and L5-S1 (x4) at [REDACTED] because there was no updated MRI showing persistent neural foraminal stenosis or nerve root impingement; denied the requests for Kadian 100mg #60 and Norco

10/325mg #120 because there was no documentation of functional improvement from previous use and that the total morphine equivalent dosage should not exceed 50mg per day; and denied the request for Soma 350mg #30 because there was no documentation contraindicating the use of NSAIDs, there was no relief documented, and it was not indicated for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral 2 level TLESI (Transforaminal Lumbar Epidural Steroid Injection) at L4-5 and L5-S1 (x4) at [REDACTED]: 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 stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks." MTUS guidelines do not support epidural injections in the absence of objective radiculopathy. MTUS also states, "Repeat epidural steroid injections 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." In this case, the patient has received lumbar epidural steroid injections in the past. Progress report dated June 26, 2014 stated that the previous epidural injections have been helpful. However, there was no documentation regarding objective evidence of percent pain relief and functional improvement regarding the epidural steroid injections. There was also failure to exhibit any evidence of improved performance of activities of daily living and there was no associated reduction of medication intake from the treatment. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. Therefore, the request for Outpatient bilateral level 2 TLESI (Transforaminal Lumbar Epidural Steroid Injection) at L4-5 and L5-S1 (x4) at [REDACTED] is not medically necessary.

Kadian 100mg #60: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, page 78. The Expert Reviewer's decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, "there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, patient has been taking Kadian since at least October 2013. Rationale for the request was because the patient has been stable on this same dose of medication for over 3 years. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. Furthermore, there was no discussion to support the need for two opioids as Norco was also being requested. MTUS Guidelines require "clear and concise documentation for ongoing management." Therefore, the request for Kadian 100mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, "there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, patient has been taking Norco since at least October 2013. Rationale for the request was because the patient has been stable on this same dose of medication for over 3 years. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. Furthermore, there was no discussion to support the need for two opioids as Kadian was also being requested. MTUS Guidelines require "clear and concise documentation for ongoing management." Therefore, the request for Norco 10/325mg #120 is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 29, 65.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol (Soma), pages 29, 65. The Expert Reviewer's decision rationale: As stated on pages 29 & 65 of CA MTUS Chronic Pain Medical Treatment Guidelines, "Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant." It is not recommended and is not indicated for long-term use. Guidelines state that "Carisoprodol is not recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance." In addition, "abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has been noted in order to augment or alter effects of other drugs such as hydrocodone, tramadol, benzodiazepine and codeine." In this case, the patient has been using Soma since at least October 2013, which is beyond the recommended 2 to 3 week period. Furthermore, patient is likewise on Norco and Kadian, which is not recommended in conjunction with Carisoprodol as it has a high potential for abuse. Muscle spasms were not evident in the recent progress reports and there was no evidence of relief from the medication. There is no discussion regarding continued use of Soma. Therefore, the request for Soma 350mg #30 is not medically necessary.