

Case Number:	CM14-0117932		
Date Assigned:	09/16/2014	Date of Injury:	10/20/2000
Decision Date:	07/14/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 10/20/00. He reported initial complaints of neck and back pains both radiating. The injured worker was diagnosed as having cervical degenerative disease; radiculitis; lumbar degenerative spine disease. Treatment to date has included status post lumbar surgery (4/27/2009); status post caudal epidural steroid injection (2/2013); status post spinal endoscopy (9/30/13); urine drug screening; medications. Currently, the PR-2 notes dated 7/5/14 indicated the injured worker returns to this office as a follow-up pain management consultation for further evaluation and management. His chief complaint is of neck pain and headaches. He also has low back pain which is now improved. His current medications are listed as Ketamine, Norco, Zanaflex, Glucosamine; Voltarin and Aspirin. He notes 50% pain relief from his medications and can increase walking and driving longer distances. He has had a caudal epidural steroid injection in February 2013 with no complications but there was an extensive amount of scarring on the left side that blocked administration of the steroid. He then underwent a spinal endoscopy and was in severe post-operative pain for about 3 days. He is doing much better with reduced pain. The provider has recommended proceeding with a re-inflation of the space and reapplication of steroids. The provider is also discussing a spinal cord stimulator trial with two leads for coverage. In order to prepare for this, the injured worker needs an updated MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) caudal ESI (epidural steroid injection): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work-related injury in October 2000 and continues to be treated for radiating neck and low back pain. Medications are referenced as providing 50% pain relief with improved walking and driving tolerances. He underwent spinal surgery in 2009. Epidural steroid injections before surgery had provided benefit. When seen, he was having focal low back pain without radicular symptoms. There was normal gait with negative straight leg raising. Lower extremity sensation was normal. A series of three lumbar epidural steroid injections was discussed. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of lumbar radiculopathy and therefore the requested epidural steroid injection was not medically necessary.

Norco 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in October 2000 and continues to be treated for radiating neck and low back pain. Medications are referenced as providing 50% pain relief with improved walking and driving tolerances. He underwent spinal surgery in 2009. Epidural steroid injections before surgery had provided benefit. When seen, he was having focal low back pain without radicular symptoms. There was normal gait with negative straight leg raising. Lower extremity sensation was normal. A series of three lumbar epidural steroid injections was discussed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.