

Case Number:	CM14-0213397		
Date Assigned:	12/30/2014	Date of Injury:	10/04/2001
Decision Date:	02/27/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/19/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a male patient with the date of injury of October 4, 2001. A Utilization Review dated December 6, 2014 recommended non-certification of 1 lumbar epidural steroid injection at L3-4 and L4-5, each additional level lumbar epidurogram, fluoroscopic guidance, and IV sedation due to sparse objective findings that do not clearly demonstrate radiculopathy and 1 prescription of Nucynta 75mg #51 due to the patient's history of illicit drug use and non-daily use of Nucynta. A Utilization Review Treatment Appeal dated November 25, 2014 identifies History of Present Illness of chronic low back pain and bilateral hip pain. Nucynta provides him approximately 50% decrease in his pain VAS scale. This allows him to be more active and go for walks instead of staying at home. He is tolerating it well with minimal GI side effects. Physical Examination identifies tenderness to palpation at the lumbosacral junction with associated muscle tension. Range of motion of the lumbar spine was decreased by 20% with flexion. Sensation was decreased to light touch along the right foot and right calf compared to the left lower extremity. Discussion identifies the patient continues to have intractable low back pain and bilateral hip pain. Requests for LESI at L3-4 and L4-5 bilaterally and Nucynta 75mg. MRI lumbar spine report dated September 25, 2014 identifies at L4-5, 3 mm disc protrusion impinges the traversing right L5 nerve root into the lateral recess with moderate central canal narrowing. At L3-4, 2 mm annular disc bulge contacts the traversing right L4 nerve root in the lateral recess with mild central canal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-L4 and L4-L5, each additional level lumbar epidurogram, fluoroscopic guidance, and IV sedation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,309,Chronic Pain Treatment Guidelines ESI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for lumbar epidural steroid injection at L3-L4 and L4-L5, each additional level lumbar epidurogram, fluoroscopic guidance, and IV sedation, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, subjective complaints and objective examination findings support the diagnosis of radiculopathy. Additionally, imaging findings corroborate the diagnosis. As such, the currently requested lumbar epidural steroid injection at L3-L4 and L4-L5, each additional level lumbar epidurogram, fluoroscopic guidance, and IV sedation is medically necessary.

Nucynta 75mg, #51: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back - Lumbar & Thoracic(Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120 of 127.

Decision rationale: Regarding the request for tapentadol (Nucynta), California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, Nucynta is noted to improve the patient's pain and function, while providing minimal side effects. As such, the currently requested tapentadol (Nucynta) is medically necessary.

