

Case Number:	CM14-0216017		
Date Assigned:	01/06/2015	Date of Injury:	06/28/2011
Decision Date:	03/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

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 44 year old male was injured 6/28/11 sustaining injuries, while working as a welder, from an unwitnessed slip and fall where he fell six feet landing on his back, head and right shoulder. Prior to the incident he reported dizziness, nausea and loss of consciousness. On 7/26/11 he was seen by a chiropractor who diagnosed rotator cuff syndrome with bursitis and tendonitis at the right shoulder, disc herniation of the cervical spine and lumbar disc displacement with sciatica in the lower back. He received adjustments and spinal decompression. MRI of the cervical (11/22/11; 1/17/13) and lumbar spine (11/10/11 and right shoulder (1/17/13) confirm the above diagnoses. At that time he was temporarily totally disabled. Currently he complained of lower back pain with pain radiating to each buttock. He has difficulty bending, twisting, reaching and lifting. In addition he experiences right shoulder pain with tingling and numbness in the wrist and palm of the hand. Neck pain was present at the back of the neck, extending to the base of the skull. His overall pain level was 7/10 at rest and 9/10 with activity. He reports that he is very limited in performing activities of daily living. Neck and right shoulder range of motion is decreased with mild evidence of impingement syndrome of the rotator cuff. Right grip strength was decreased. On palpation there was mild tenderness of the neck muscles posteriorly extending to the trapezius muscle the neck and right shoulder with guarded muscles locally in spasm and the AC joint is mildly tender. Special neck and upper extremity tests were negative. Lumbar range of motion was limited in all directions. Stretch Tests are positive both in sitting and recumbency, confirming nerve entrapment/ impingement in the lower back. His diagnoses include chronic strain/sprain of the neck, right shoulder and lower back with radicular

complaints; impingement syndrome of the right shoulder and right hand contusion. His medications include Norco and Naprosyn. Documentation (10/27/14) indicates that the injured worker received a cortisone injection to the right shoulder (no date available) without relief. In the past (2003) the injured worker sustained a right shoulder and mid to upper back injury that was treated and a settlement was reached. The injured worker has reached maximum medical improvement and is permanent and stationary. There is no evidence of continuing trauma. On 12/9/14 Utilization Review (UR) non-certified a request for Lumbar Epidural Steroid Injection at L4-5 based on lack of documentation by the provider of specific subjective dermatomal or myofomal complaints nor have any imaging studies or electrodiagnostic testing reports provided for review. In addition documentation of prior conservative measures that the injured worker has undergone should be provided. The request for Norco 10/325mg # 90 was non-certified based on no indication of up to date pain agreement, objective functional improvement from prior opioid use, compliance monitoring results with urine drug testing or CURES reporting. MTUS were reference in consideration of both requests.

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 L4-L5.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic low back and neck pain with paraspinal tenderness. The current request is for lumbar epidural steroid injection at L4-L5. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborated findings of radiculopathy." It does not appear that this patient has trialed epidural steroid injections in the past. In this case MRI report of the lumbar spine revealed moderate disc protrusion; however the medical file provided for review includes two handwritten progress reports that document lumbar sprain with paraspinal tenderness. There is no discussion regarding sensory or DTR changes and there is no description of leg pain. MTUS recommends epidural injections for patients with dermatomal distribution of pain/ paresthesia with corroborated MRI findings. The requested lumbar epidural injection IS NOT medically necessary.

Norco 10/325mg #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with chronic neck and low back pain with paraspinal tenderness. The current request is for Norco 10/325 MG #90. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The utilization review denied the request stating that prior requests for this medication were not approved as there's no documentation of an updated pain agreement or object response from prior use. The progress reports provided for review include no discussion regarding the requested Norco. As indicated in the utilization review dated December 9, 2014, the patient has used this medication in the past. In this case, the treating physician has failed to provide outcome measures including before and after pain scales to denote a decrease in pain. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse side effects. There are no opiate management issues discussed such as CURES report, pain contracts, etc. Adverse side effects are not addressed and urine drug screenings have not been provided as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco IS NOT medically necessary and recommendation is for slow weaning per MTUS.