

Case Number:	CM14-0218262		
Date Assigned:	01/07/2015	Date of Injury:	04/01/2011
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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: Colorado

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker (IW) received industrial injuries in the course of employment 04/01/2011. He continues to have lower back pain with traveling pain to the left lower extremity with numbness, tingling, and weakness. An orthopedic examination on November 6, 2014 found tenderness at the lumbosacral junction and bilateral flank regions with paravertebral muscle spasms. Motor power of the extensor hallucis longus bilaterally was 4/5+. Paresthesia was noted in the distribution area of the L4/L5/S1 regions bilaterally. The straight leg raising test was to 20 degrees. A MRI of 07/22/2014 found that there was moderate disk desiccation and moderate decreased disk height posteriorly at L5/S1. There was about a 5mm broad right and central disk protrusion with minimal indentation of the ventral thecal sac. Mild facet and ligamentum flavum degenerative changes were noted, and there was no significant degenerative central canal stenosis. No definite impingement of the S1 nerve roots was identified. There was mild bilateral foraminal narrowing predominantly due to decreased disc height. Alignment was within normal limits, and no acute compression or suspicious bony lesions were seen. There was small anterior spurring at L5-S1. In the provider notes of 12/03/2014, the lumbar spine exam showed full extension and flexion of the lumbar spine with pain. The diagnosis was degenerative disc disease and recommendations were for Norco 10/325 mg #30 1 tab po every 4-6 hours as needed for pain, and for a transforaminal epidural left L5-S1. There is documentation of 40% pain relief from a left L5-S1 LESI one week prior. The IW work status was temporarily totally disabled. A request for authorization was made 12/08/2014 for Norco 10/325mg #90 and for a transforaminal epidural at L5-S1. In a UR decision made 12/15/2014, the 04/01/2011

physician reviewer reviewed submitted medical records 08/01/2011 through 12/08/2014 and modified the requested Norco 10/325mg #90 to Norco 10/325mg #30 to allow for tapering prior to discontinuation of the medication citing California Medical Treatment Utilization Schedule (CA MTUS) Chronic pain Opioids. The same records were reviewed prior to denial of a requested transforaminal epidural (ESI) at L5-S1 California Medical Treatment Utilization Schedule (CA MTUS) California Medical Treatment Utilization Schedule (CA MTUS) chronic pain., further stating that the IW is status post one week from a previous epidural steroid injection and there is no provided rationale for completing another ESI against guideline recommendations. Separate application for independent medical review were submitted 12/23/2014 for the Transforaminal epidural at L5-S1, and for modification of the requested Norco 10/325mg #90 (one month) to allow for tapering prior to discontinuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 75, 77, 78, 81, 82.

Decision rationale: For chronic back pain, the MTUS suggests that opioids appear to be efficacious for the treatment of chronic pain but should be limited for short-term pain relief. The long-term efficacy of opioids is currently unclear and appear to be limited. A failure to respond to a time-limited course of an opiate should lead to a reassessment and consideration of alternative therapy. According to the MTUS, when prescribing opioids, baseline pain and functional assessments such as social, physical, psychological, daily and work activities should be made. The MTUS states that if there is no overall improvement in function from opioid use, the medication should be discontinued. According to the MTUS, the lowest possible dose should be prescribed to improve pain and function. The MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The available records do not document an improvement in either pain or function attributable specifically to the use of Norco and there is insufficient documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS however provides that

weaning from opioids should be performed gradually as long-term opioids users cannot be abruptly weaned. Additionally, the longer the patient has taken opioids the more difficult they are to taper. There are additional difficulties with weaning with medical comorbidities, advanced age, female gender, and the use of multiple agents. A referral to a pain medicine specialist may be required if the tapering of the opiate medications is not tolerated. In this case, it appears that the worker has been on long-term narcotic/opioid medication management of chronic back pain without documentation of weaning attempts or recent involvement of pain medicine specialist. An abrupt discontinuation of the long-acting opioid OxyContin is not recommended by the MTUS and therefore the request for refill of OxyContin is considered medically necessary and appropriate.

Transforaminal epidural at L5-S1: Upheld

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

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

Decision rationale: According to the MTUS, the purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. This treatment alone offers no significant long-term functional benefit. The criteria for lumbar epidural steroid injection, as listed in the MTUS, include the following: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, the request for a repeat lumbar epidural steroid injection 1 week following the preceding injection does not meet the MTUS criteria (i.e. earlier than minimal frequency) and therefore, the request for lumbar epidural steroid injection is not medically necessary or appropriate.