

Case Number:	CM14-0218431		
Date Assigned:	01/08/2015	Date of Injury:	12/27/1998
Decision Date:	03/04/2015	UR Denial Date:	12/04/2014
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old female who sustained a work related injury on 12/27/1998. The mechanism of injury has not been provided with the clinical documentation submitted for review. Per the Progress Report dated 11/20/2014 the injured worker reported neck and lower back pain. The back pain intermittently radiates along the posterior lateral aspect of the legs, left greater than right. There is intermittent sharp leg pain. Prolonged walking causes the pain to radiate along the posterior aspect of the legs right greater than left. The lower back pain is increasing with a constant pressure sensation in the lower back. Objective physical examination reveals mild tenderness over the paraspinal musculature. There is no muscle spasm and a negative Spurling's test. Flexion is short two fingerbreadths of the chin touching the chest. Extension is 25 degrees and rotation is 45 degrees right and left. There is no thoracic tenderness. Examination of the lumbar spine reveals midline tenderness at L5-S1. There is no significant muscle spasm. There is no tenderness over the sacroiliac joints. Straight leg raise test is negative bilaterally to 90 degrees in seated position. She is status post L5-S1 fusion in 2006, cervical fusion in May 2008 and L4-5 lateral lumbar interbody fusion posterior with hardware removal at L5-S1 on 7/29/2011. Magnetic resonance imaging (MRI) of the cervical spine dated 12/11/2013 demonstrated mild disc bulge below fusion at C6-7 and no significant stenosis. MRI of the lumbar spine dated 12/11/2013 revealed disc bulge above fusion at L3-4 central and slightly right paracentral producing central and bilateral foraminal narrowing and facet arthropathy at this level contributing to lateral recess stenosis. Diagnoses include lumbar facet arthropathy, lumbar disc bulge without myelopathy, and cervical disc bulge without myelopathy, facet arthropathy

thoracic/lumbar, lumbar degenerative disc disease, and lumbar/thoracic radiculitis. The plan of care includes physical therapy, epidural steroid injections and medications. Prior treatment has included physical therapy. The claimant had previously been on NSAIDs at which time the pain averaged 7/10. The claimant had been on a combination of Duragesic and Roxicodone for several months with the same pain level response. On 12/04/2014, Utilization Review modified a prescription for Roxicodone 15mg #105 and non-certified a prescription for bilateral L3 transforaminal epidural steroid injection with fluoroscopic guidance, epidurography and IV sedation based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15 mg #105: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Roxicodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Roxycodone for a several months along with Duragesic without significant improvement in pain or function. The continued use of Roxycodone is not medically necessary.

One (1) bilateral L3 transforaminal epidural steroid injection with fluoroscopic guidance, epidurography and IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant has also previously received epidural injections as well as other physical treatment modalities - all of which have provided temporary relief. The request, for lumbar epidural steroid injections is not medically necessary.

