

Case Number:	CM14-0219078		
Date Assigned:	01/09/2015	Date of Injury:	05/27/2010
Decision Date:	03/06/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 53 year old male, who sustained an industrial injury on 5/27/10 while he was washing down a driveway and slipped and fell. He has reported lumbar spine pain, right lower extremity radiculopathy, and costochondral pain. The diagnoses have included lumbar disc displacement, lumbar stenosis, lumbar radiculopathy, lumbar facet arthropathies, major depression, pain disorder and sleep disorder. Past diagnoses were diabetes mellitus and hypertension. Treatment to date has included diagnostics, medications, epidural injections, home based weight reduction program, and psychological counseling. Currently, the IW complains of chronic severe lumbar spine pain. The intensity is 8/10 and radiates to the bilateral L5 dermatomes. He also reports depression, sleep disturbance, muscle weakness, joint stiffness and stress. Lumbar spine done on 12/10/10 revealed probable central left sided posterior disc protrusion with stenosis and impression upon the thecal sac. At L5-S1 there is a disc protrusion and severe right foraminal stenosis with potential impingement upon existing L5 nerve root. The lower extremity nerve conduction study on 11/30/10 revealed polyperipheral neuropathy bilateral extremities and radiculopathy. According to the primary treating physician's progress note dated 11/18/14, the IW was 5 feet 11 inches and weight was 310 pounds. He was prescribed cymbalta but it was replaced with Zoloft with improvement. The IW's lumbar spine assessment revealed right greater than left facet joint tenderness, left sacroiliac joint tenderness, range of motion

partially diminished and Kemp's sign was positive. There was sensory pain corresponding to the bilateral L5 dermatomes. The IW wants maintenance epidural injections that have helped in the past. The pain has returned in the right lower extremity with prolonged walking. The injections given in the past have relieved the lower extremity neuralgia symptoms and the lumbar epidural injection in the past relieved the right lower extremity pain. On 12/1/14 Utilization Review non-certified a request for bilateral L5 transforaminal epidural injection the records show that the IW had prior epidural injection and has not had any long term symptom improvement, decreased medication use or functional improvement. The chronic pain medical treatment guidelines were cited. On 12/1/14 utilization Review non-certified a request for oxycodone 10 mg #120 1 Q 6, noting that opioids should be discontinued when there is no overall improvement in function, unless there are extenuating circumstances. The chronic pain medical treatment guidelines were cited. On 12/1/14 utilization Review non-certified a request for norco 10/325 mg #120 1 Q 6, noting that guidelines recommend the use of norco for moderate to severe pain, but not for long term usage. The 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:

1 Bilateral L5 transforaminal epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. The patient file does not document that the patient is candidate for surgery. Furthermore, the patient had prior epidural injection without any long term symptom improvement, decreased medication use or functional improvement. There is no recent clinical, radiological or EMG evidence of radiculopathy.

120 Oxycodone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 non adherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework'. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Oxycodone. There is no clear justification for the need to continue the use of Oxycodone.

120 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: '(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) 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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework'. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living.

