MAXIMUS Federal Services

Case Number:	CM15-0012899		
Date Assigned:	01/30/2015	Date of Injury:	01/29/2004
Decision Date:	03/19/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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, 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 1/29/2004. The diagnoses have included lumbar sprain/strain, lumbar radiculitis, disc herniation, paraspinal muscle spasm and sacroiliitis of the left sacroiliac. Treatment to date has included a back brace, pain medications and injections. According to the progress report dated 12/3/2014, the injured worker complained of low back pain over the left buttock radiating to the posterior and lateral aspect of the left thigh with numbness and tingling progressively increasing in severity. Objective findings included weakness along with tingling and numbness of the left leg were progressive. The injured worker was also suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of the thigh. Gaenslen's test and Patrick Fabre test were positive. Authorization was requested for the first, left sacroiliac joint injection, for the first left transforaminal epidural steroid injection (ESI) at levels L4-5 and L5-S1 and for bilateral trigger point injections to the cervical spine. The injured worker was prescribed Norco. Authorization was requested for intervention and inpatient detoxification treatment. On 12/30/2014 Utilization Review (UR) modified a request for Norco 10/325mg #120 to Norco 10/325mg #45, citing Medical Treatment Utilization Schedule (MTUS) guidelines. UR non-certified a request for one first left transforaminal epidural steroid injection (ESI) at levels L4-5 and L5-S1 under fluoroscopic guidance, citing MTUS guidelines. UR non-certified a request for one in-patient detoxification treatment program for 30 days citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids for chronic pain; Opioids, crit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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 monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Finally the a recent progress note on 12/3/14 indicates that the plan is detoxify off of opioids. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

1 first left transforaminal lumbar epidural steroid injection at levels L4-L5 and L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Epidural steroid injections (ESIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 47.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, 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. 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, the claims administrator and utilization reviewer has noted prior ESI on 10/15/2013, which did not result in 50% improvement. The request physician has not addressed this issue. Given the lack of efficacy with prior injection, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.

1 in-patient detox treatment program for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification, Rapid detox.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42. Decision based on Non-MTUS Citation DSM V, Addiction

Decision rationale: Regarding the request for a detox program, California MTUS supports detoxification for indications including Intolerable side effects, lack of response, aberrant drug behaviors as related to abuse and dependence, refractory comorbid psychiatric illness, or lack of functional improvement. Within the documentation available for review, the provider recommended a detox program on 12/3/14. The provider stated that the patient has "addiction." However, addiction is a biopsychosocial phenomenon, and prior notes do indicate adverse psychosocial consequences, cravings, or any other behavior to make the classic definition of addiction as per DSM criteria. Furthermore, the guidelines recommend a gradual wean if possible. The patient has not had an adequate trial of slowly weaning narcotics. Given this, the currently requested detox program is not medically necessary.