

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0015129 | | |
| Date Assigned: | 02/03/2015 | Date of Injury: | 05/25/1991 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/21/2015 |
| Priority: | Standard | Application Received: | 01/27/2015 |

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: Texas, Ohio, California
 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:

The applicant is a represented 60-year-old who has filed a claim for chronic low back pain, mid back pain, knee pain, and major depressive disorder reportedly associated with an industrial injury of June 25, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated January 21, 2015, the claims administrator failed to approve requests for Percocet, epidural steroid injection therapy, and AcipHex. The claims administrator referenced a December 23, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 2, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant's medication list included AcipHex, Dexilant, Duragesic, Lexapro, Zestril, Niravam, Percocet, Soma, Valium, and Wellbutrin. The applicant was severely obese, with a BMI of 41. The applicant did report issues with depression, anxiety, nausea, speech disturbance, bruxism, low back pain, and shortness of breath in the review of systems section of the note. The applicant was not working and had been deemed "disabled," it was noted in the social history section of the note. The progress note contained no mention of the applicant having any issues with reflux, heartburn, and/or dyspepsia. Percocet, Duragesic, AcipHex, and an epidural steroid injection were endorsed. It was not clearly stated whether the applicant had or had not prior epidural steroid injection therapy. In an earlier note dated December 23, 2014, the applicant reported persistent complaints of low back pain with associated paresthesias about the left leg. The applicant was asked to consult a neurosurgeon. Once again, there was no mention of any issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 1. No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was acknowledged on January 2, 2015. The applicant had been deemed disabled on that date. The applicant was off of work and was receiving both Workers Compensation indemnity benefits and disability insurance benefits, it was acknowledged. The applicant was having difficulty performing activities of daily living as basic as ambulating, it was further noted. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

2 Left L3-L4, 4-5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transforaminal epidural steroid injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9.

Decision rationale: 2. Similarly, the request for a lumbar epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that there should be radiographic and/or electrodiagnostic corroboration of radiculopathy. Here, however, there was no mention of the applicant's having either a radiographically and/or electrodiagnostically confirmed lumbar radiculopathy. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that pursuit of repeat epidural steroid injections be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the attending provider did not clearly state how many prior blocks the applicant had or had not had over the course of the claim. It was not clearly stated whether the request was a first-time

request or a request for repeat epidural steroid therapy. Therefore, the request was not medically necessary.

Aciphax 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.

Decision rationale: 3. The request for aciphex, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as aciphex are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, present on multiple progress note above. Therefore, the request was not medically necessary.