

Case Number:	CM15-0016527		
Date Assigned:	02/04/2015	Date of Injury:	07/05/2000
Decision Date:	03/27/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 61 year old male, who sustained an industrial injury on July 5, 2000. The diagnoses have included degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, and lumbar radiculopathy. Treatment to date has included pain medication, lumbar surgery, epidural steroid injections and assistive devices. Currently, the injured worker complains of chronic low back pain radiating down his right leg. An injection was described as being 70% effective for more than two months. The pain has returned and is in the L5-S1 dermatomes. The injured worker rated his back pain a 7.5 on a 10-point scale without medication and a 4 on a 10-point scale with medication. The injured worker reports that his pain medication regimen, activity restriction and rest continue to keep his pain at a manageable level to complete his necessary activities of daily living such as walking and gardening. On January 26, 2015 Utilization Review modified/non-certified a request for right transforaminal epidural steroid injection L5-S1, Methadone 10 mg #90 and Norco 10/325 mg #180, noting that with regard to the epidural steroid injection the guidelines do not recommend a series of three injections and with regard to the Methadone and Norco there is no report regarding specific objective measures or functional benefit in terms of activities of daily living and mobility with this medication regimen, there is no report regarding psychological assessment to rule out any behavior or psychiatric disorder to contraindicate the use of high dose medication regimen and no specifics provided in terms of duration of pain control after taking pain medications or how long it takes for pain relief to occur after taking the medication. The California Medical Treatment Utilization Schedule was cited. On January 28,

2015, the injured worker submitted an application for IMR for review of right transforaminal epidural steroid injection L5-S1, Methadone 10 mg #90 and Norco 10/325 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal ESI Right L5-S1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines-low back, ESI

Decision rationale: The medical records report radicular pain with physical exam findings and reported 70% reduction in pain for 2 months. DG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be 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) and injection of contrast for guidance. As the records do quantify the degree of improvement, the medical records do support a repeat ESI.

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- low back, opioids

Decision rationale: ODG guidelines support opioids with : 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. 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. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines-low back, opioids

Decision rationale: ODG guidelines support opioids with : 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. 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. The medical records report chronic pain but does not document ongoing opioid risk mitigation tool use in support of chronic therapy congruent with ODG guidelines. As such chronic opioids are not supported.