

Case Number:	CM15-0018452		
Date Assigned:	02/06/2015	Date of Injury:	11/22/1996
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 50-year-old female, who sustained a work/ industrial injury on 11/22/96 from a slip and fall. She has reported symptoms of constant low back pain and rated 7/10 at worst pain and severe limp. Prior medical history includes depression and hypertension. The diagnoses have included spinal stenosis- lumbar region, neurogenic claudication, lumbar disc disorder, herniated disc, lumbar joint pain, shoulder. Diagnostics included an MRI that demonstrated degenerative changes, reactive marrow endplate changes, mild levoscoliosis, lateral bulging disc at T12-L1, and crowding of the nerve roots of the cauda equina. Exam noted right shoulder as non-tender to palpation. There was decreased sensation. Gait was antalgic, forward stooped, with tenderness in the right and left lumbar paravertebral regions at L4-5 and L5-S1 levels. Range of motion was restricted. Motor strength was 4/5 bilaterally. Reflexes were 2+ equal bilaterally to lower extremities. Babinski's was down going and no ankle clonus. Medication was re-ordered along with epidural steroid injections for pain management. On 1/29/15, Utilization Review non-certified Bilateral Transforaminal Epidural Steroid Injections L3-4; Ambien CR 12.5 mg #30; Norco 10/325 mg #60, noting the California Medical treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injections L3-L4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46 of 127.

Decision rationale: [REDACTED] notes previous L-ESI provided 4 months of relief greater than 50% and associated reduction in use of vicodin. There is radiculopathy on physical exam concordant with MRI findings and the IW is refractory to conservative care. Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and 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) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The IW is refractory to SCS. As the criteria are met, the request is medically necessary.

Ambien CR12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Zolpidem, Updated March 25, 2015.

Decision rationale: The attached medical record indicates that the injured employee has been prescribed Ambien for an extended period of time. The official disability guidelines do not recommend Zolpidem for long-term usage and recommends that it be limited to six weeks. There is concern that this medication can be habit-forming as well as impair function and memory. There is also concern that it may actually increase pain and depression over the long-term. For these reasons, this request for continued usage of Ambien is not medically necessary.

Norco 10-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75-78, 88, 91 of 127.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 4A's (Analgesia, activities of daily living, adverse side effects, and any 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. The most recent progress note dated January 21, 2015 reveals documentation to support the medical necessity of Norco based upon function. Specifically, while the note states that they routinely monitor for activities of daily living, analgesia, aberrant drug behavior, and adverse events there is no documentation of how these criteria actually relate to the injured employee. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is contradictory documentation in this regard, including notation that the 1/21/15 UDS is inconsistent. As MTUS recommends discontinuing opioids in these cases, medical necessity cannot be affirmed.