

Case Number:	CM15-0113618		
Date Assigned:	06/22/2015	Date of Injury:	10/15/1998
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

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 71 year old, female who sustained a work related injury on 10/15/98. The diagnoses have included failed back surgery with radiculopathy, lumbago and long-term use of medications. Treatments have included medications, physical therapy, lumbar spine surgery and a lumbar transforaminal epidural injection. In the Progress Notes dated 3/4/15, the injured worker complains of constant low back pain and radicular pain. She rates her pain level a 3-4/10. She notes a reduction in the numbness and tingling down the right leg to the calf. She notes this improvement after an increase in her Lyrica dose. She states the pain medications help and allow her to perform her activities of daily living. She notes a 50% benefit with the medications. She has lumbar paraspinal muscle spasm on the left and right. She has decreased range of motion in lumbar spine. She has a positive straight leg raise on the right. She had moderate benefit with previous lumbar transforaminal epidural steroid injection. The treatment plan includes a request for another lumbar transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural injection, right L3-L4, S1-S2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections Page(s): 80, 382-383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in October 1998 and continues to be treated for low back pain including a diagnosis of failed back surgery syndrome. Treatments have included lumbar transforaminal epidural steroid injections with reported greater than 50% benefit lasting for more than three months with improved activities of daily living. The last injection was in December 2014. Medications are referenced as providing 50% improvement also including improved activities of daily living. When seen, her symptoms were returning. Pain was rated at 3-4/10. There was lumbar paraspinal muscle spasms and pain with range of motion. Straight leg raising was positive. Norco was prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Lyrica was being prescribed at a dose of 150 mg per day. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and is medically necessary.

Norco 10-325 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in October 1998 and continues to be treated for low back pain including a diagnosis of failed back surgery syndrome. Treatments have included lumbar transforaminal epidural steroid injections with reported greater than 50% benefit lasting for more than three months with improved activities of daily living. Medications are referenced as providing 50% improvement also including improved activities of daily living. When seen, her symptoms were returning. Pain was rated at 3-4/10. There was lumbar paraspinal muscle spasms and pain with range of motion. Straight leg raising was positive. Norco was prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Lyrica was being prescribed at a dose of 150 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Lyrica 150 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 133.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Anti-epilepsy drugs (AEDs), (2) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The claimant sustained a work-related injury in October 1998 and continues to be treated for low back pain including a diagnosis of failed back surgery syndrome. Treatments have included lumbar transforaminal epidural steroid injections with reported greater than 50% benefit lasting for more than three months with improved activities of daily living. Medications are referenced as providing 50% improvement also including improved activities of daily living. When seen, her symptoms were returning. Pain was rated at 3-4/10. There was lumbar paraspinal muscle spasms and pain with range of motion. Straight leg raising was positive. Norco was prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Lyrica was being prescribed at a dose of 150 mg per day. Anti-epilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations and is medically necessary.