

Case Number:	CM15-0127965		
Date Assigned:	07/14/2015	Date of Injury:	11/30/2004
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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

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 was a 58 year old female, who sustained an industrial injury, November 30, 2004. The injured worker previously received the following treatments Norco, Robaxin, Lidoderm patches and status post microdiscectomy at L4-L5 possible pseudoarthrosis at L5-S1. The injured worker was diagnosed with regional pain syndrome of the lower extremities, status post microdiscectomy at L4-L5 possible pseudoarthrosis at L5-S1, lumbago, chronic pain syndrome, failed back syndrome, chronic right leg radiculopathy despite surgery, chronic intractable pain, status post decompression and posterior spinal fusion of L4 through S1; posterior lumbar interbody fusion of L4-L5 in July of 2006. According to progress note of May 29, 2015, the injured worker's chief complaint was increased pain low back pain for approximately a week. The injured was complaining that the pain was radiating down the bilateral lower extremities which was rated at 7 out of 10 with medication and without was 10 out of 10. The physical exam noted tenderness and spasms over laying the lumbosacral junction and across the upper buttocks. The treatment plan included prescriptions for Medrol pack and renewal for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack with 1 refill: 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), pain, oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, oral corticosteroids.

Decision rationale: This patient presents with a flare-up of her low back pain. The current request is for a Medrol dose pack with 1 refill. The RFA is dated 05/29/15. Treatment history includes surgical intervention (lumbar fusion in 2006), physical therapy, and medications. The patient is not working permanent and stationary. Regarding oral corticosteroids, ODG under its low back chapter states not recommended for chronic pain. "There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (Tarner, 2012) ODG Low Back Chapter recommends in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013)" According to progress report May 29, 2015, the patient reported falling approximately a week ago and is now suffering from a flare up of her low back pain. The patient reported that the pain was radiating down the bilateral lower extremities which was rated as 8/10 with medication and 10/10 without medications. The physical examination noted tenderness and spasms over the lumbosacral junction and across the upper buttocks. The treatment plan included prescriptions for Medrol pack and renewal for Norco. The use of Medrol packs for acute radicular pain is support by ODG. However, this patient is flared-up from the fall injury with no evidence of acute radicular pain. While the patient has pain down the leg, the examination and clinical presentation does not show that this is an acute radiculopathy that may benefit from a course of oral steroids. The request is not medically necessary.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89, 80-81.

Decision rationale: This patient presents with a flare-up of her low back pain. The current request is for a Norco 10/325mg #90. The RFA is dated 05/29/15. Treatment history includes surgical intervention (lumbar fusion in 2006), physical therapy, and medications. The patient is not working permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." According to progress report May 29, 2015, the patient reported falling approximately a week ago and is now suffering from a flare up of her low back pain. The patient reported that the pain was radiating down the bilateral lower extremities which was rated at 8/10 with medication and 10/10 without medications. The physical examination noted tenderness and spasms over the lumbosacral junction and across the upper buttocks. The treatment plan included prescriptions for Medrol pack and renewal for Norco. This patient has been prescribed Norco since at least 11/11/14. Progress report 04/30/15 notes decrease in pain from 10/10 to 8/10 with medication and no adverse side effects with the use of medications the patient is able to self bathe, use the restroom independently, walk, climb stairs, participate in a HEP and perform house hold duties independently. UDS are routinely administered to monitor compliance, and CURES checked with no signs of aberrant behaviors. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.