

Case Number:	CM15-0176590		
Date Assigned:	09/17/2015	Date of Injury:	06/25/2014
Decision Date:	11/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 70 year old female, who sustained an industrial injury on 6-25-2014. The injured worker was diagnosed as having failed back surgery syndrome (1977 or 1978 reported), lumbar degenerative disc disease with radiculopathy, myofascial spasm, sleep disturbance secondary to pain, and fall risk. Treatment to date has included diagnostics and medications. Trial Dilaudid 4mg twice daily was recommended on 9-19-2014, at which time pain was rated 9 out of 10. The progress report (10-29-2014) noted the use of Dilaudid 4mg four times daily, at which time pain was rated 8 out of 10. On 2-15-2015, pain was rated 8 out of 10, noting that she ran out of Lidoderm patches and not doing "any better or worse". The treatment plan on 2-15-2015 noted retrial Dilaudid 4mg (two per day as needed) and consider retrial Opana ER, along with refill of Lidocaine patches. Currently (8-06-2015), the injured worker complains of "pain getting worse by the day". She was prescribed Opana ER 5mg and was supposed to take this medication at night but reported that she "filled it but she is unaware of where the prescription is and has not been using it recently". She was also utilizing Dilaudid 4mg twice daily "but she is not sure if it is strong enough". She denied any side effects but reported "poor analgesia". Failed medications were documented to include Lidoderm patch (anxiety and tachycardia), Norco, Toradol, and Medrol. Urine toxicology was documented as consistent. Computerized tomography was reviewed and showed "significant arthrosis particularly at the L4, L5, and S1 area over the facets". She was able to sit for 10 minutes, stand for 5-10 minutes, had varied ambulation, and sleep was interrupted several times per night. She was independent with activities of daily living and driving. Pain was rated 8 out of 10. Gait was independent

and erect and there was difficulty with sit to stand. There was pain with forward flexion, more with forward flexion, and tenderness to palpation in the bilateral facet joint line and PSIS (posterior superior iliac spine). The treatment plan included an interlaminar epidural steroid injection at L4-5, bilateral facet joint injections at L3-4, L4-5 and L5-S1, Dilaudid 4mg (three times daily #90), and Oxymorphone ER 5mg (daily at bedtime) #30, as prescribed on 8-07-2015, non-certified by Utilization Review on 8-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar ESI at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. ESIs can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs is 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 functional benefit. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. The CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the patient received a previous lumbar ESI with improvement of low back pain, but the duration of relief was not documented. Medical necessity for the requested left L4-L5 ESI has not been established. The requested ESI is not medically necessary.

Bilateral Facet Joint Injections at L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Online Version, and Facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint intra-articular injections (therapeutic blocks), Facet joint injections, lumbar.

Decision rationale: The CA MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain, as criteria necessary to support the medical necessity of lumbar facet injections, or medial branch blocks. The ODG identifies, that if successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). In this case, there is documentation of radiculopathy. Therefore, based on guidelines and a review of the evidence, medical necessity for the requested injection has not been established. The request for bilateral lumbar facet injections at L3-L4, L4-L5 and L5-S1 are not medically necessary.

Dilaudid 4mg TID #90 (prescribed on 08/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioid analgesics for moderate to severe pain, such as Dilaudid, may be added. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, an opioid contract, and documentation of a prior failure of non-opioid therapy. Documentation of the functional improvement was noted to be very poor despite opioid therapy. Medical necessity of the requested item was not established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication was not medically necessary.

Oxymorphone ER 5mg QHS #30 (prescribed on 08/07/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG, Opana ER (Oxymorphone Extended-Release) is a semi-synthetic opioid analgesic which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Oxymorphone is recommended as second-line therapy for long-acting opioids. Oxymorphone products do not appear to have any clear benefit over other agents and have disadvantages related to dose timing (taking the IR formulation with food can lead to overdose), and potential for serious adverse events (when the ER formulation is combined with alcohol use a potentially fatal overdose may result). According to California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, an opioid contract, and documentation of a prior failure of non-opioid therapy. Documentation of the functional improvement was noted to be very poor despite opioid therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.