

Case Number:	CM15-0176611		
Date Assigned:	09/17/2015	Date of Injury:	10/26/2001
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
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: 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 is a 50 year old female, who sustained an industrial injury on 10-26-2001. The injured worker is currently permanently disabled. Medical records indicated that the injured worker is undergoing treatment for lumbago, lumbosacral disc degeneration, lumbar post laminectomy syndrome, and cervical pain. Treatment and diagnostics to date has included consistent urine drug screen dated 08-03-2015, x-rays, and medications. Current medications include OxyContin and Roxicodone. Lumbosacral spine x-ray report dated 08-17-2015 stated "there are bilateral degenerative changes of the hips" and "there are postsurgical changes with posterior fusion at L4-L5 without acute abnormality" to the lumbar spine. In progress notes dated 08-03-2015 to 08-10-2015, the injured worker reported continued neck and back pain which radiates to the left hip and down the lower extremity rated 6-7 out of 10 with medication and 10 out of 10 without medication. The physician noted that "medications help for the pain. With the medications she is able to perform certain activities of daily living. Without them, she could not do many things". Objective findings included cervical and lumbar tenderness with decreased range of motion and positive straight leg raise test on the left. The request for authorization dated 08-18-2015 requested lumbar epidural steroid injection at the left S1, OxyContin 60mg 1 po (by mouth) tid (three times daily) #90, and Roxicodone 30mg 2 po Q4 hrs (every 4 hours) prn (as needed) #240. The Utilization Review with a decision date of 08-24-2015 modified the request for OxyContin 60mg tablets, Quantity: 90 and Roxicodone 30mg, Quantity: 216 to OxyContin 60mg tablets Quantity: 81 and Roxicodone 30mg Quantity: 195 and denied the request for left S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left (sacroiliac) S1 Epidural Steroid Injection, Qty 1: 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): Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate limited range and pain with positive SLR; however, without any specific myotomal or dermatomal motor or sensory deficits. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making overall improvement with physical therapy. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Left (sacroiliac) S1 Epidural Steroid Injection, Qty 1 is not medically necessary and appropriate.

Oxycontin 60 mg Qty 90: 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, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated

evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycontin 60 mg Qty 90 is not medically necessary and appropriate.

Roxicodone 30 mg Qty 216: 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2001 injury without acute flare, new injury, or progressive neurological deterioration. The Roxicodone 30 mg Qty 216 is not medically necessary and appropriate.