

Case Number:	CM15-0035051		
Date Assigned:	03/27/2015	Date of Injury:	08/08/2008
Decision Date:	05/11/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: Emergency Medicine

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 61-year-old male who reported an injury on 08/08/2008. The mechanism of injury was not provided. His diagnoses were noted as lumbar disc disease, lumbar radiculopathy, and low back pain. During the assessment on 01/14/2015, the injured worker complained of low back, neck, and bilateral hand pain. He described the pain as sharp, stabbing, burning, and constant radiating. He indicated that the pain radiated in the right leg with numbness. He reported the epidural steroid injections had helped him in the past. It was noted that he had tried ice, NSAIDs, pain medication, physical therapy without improvement. The physical examination of the cervical spine revealed asymmetry of the neck and shoulders, with tilting of the head and neck to the left. On axial compression of the cervical spine, there was right trapezius tenderness, and spasms in the paravertebral musculature. There was tenderness to palpation in the trapezial area. The cervical spine range of motion was restricted in forward flexion, backward extension, right lateral tilt, left lateral tilt, right rotation, and left rotation. There was a positive straight leg raise at 40 degrees on the right. The treatment plan was to continue with current medication regimen, and request authorization for transforaminal epidural steroid injection. The rationale for the request was not provided. The Request for Authorization form was dated 02/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The request for right transforaminal injection is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, to be used in conjunction with other active therapies, when there is clear correlation of radiculopathy based on physical examination and diagnostic testing. Repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation indicated that the injured worker had received an epidural steroid injection in the past. There was no documentation of pain relief of at least 50% for at least 6 to 8 weeks after the last injection. There was no documentation of a decreased need for pain medication after the last injection. Moreover, the request as submitted did not indicate which levels the requested injection was to be used for. As such, the request is not medically necessary.

Epidurography: Upheld

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

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

Decision rationale: As the requested epidural steroid injection was found not medically necessary at this time, the requested epidurography is also not supported. Given the above, the request is not medically necessary.

Monitored Anesthesia Care: Upheld

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

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

Decision rationale: As the requested epidural steroid injection was found not medically necessary at this time, the necessity for monitored anesthesia care is also not supported. Given the above, the request is not medically necessary.

Norco 10/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Opioids Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #50 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with use of random drug screening as needed to verify compliance. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. As such, the request is not medically necessary.

Soma 350mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carisoprodol/Soma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The request for Soma 350mg #15 is not medically necessary. The California MTUS Guidelines do not recommend the use of carisoprodol, as the medication is not indicated for long-term use. However, the documentation provided evidence that the injured worker had been on this medication for an extended duration of time and there was a lack of documentation of objective improvement. Given the above, the request is not medically necessary.

Zofran 4mg #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

Decision rationale: The request for Zofran 4mg #9 is not medically necessary. The Official Disability Guidelines do not recommend antiemetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting are common with the use of opioids. The clinical documentation provided did not indicate that the injured worker suffered from nausea and vomiting secondary to chronic opioid use. Given the above, the request is not medically necessary.

Roxicodone15mg #85: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Roxicodone 15mg #85 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with use of random drug screening as needed to verify compliance. There was no quantified information regarding pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. As such, the request is not medically necessary.

Xanax 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 1mg #30 is not medically necessary. The California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. As such, the request is not medically necessary.