

Case Number:	CM15-0063367		
Date Assigned:	04/10/2015	Date of Injury:	04/10/2013
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44-year-old male who sustained an industrial injury on 4/10/13. The injured worker reported symptoms in the back. The injured worker was diagnosed as having bilateral lumbar facet arthropathy, cervical facet arthropathy, cervicogenic headache and bilateral lumbar radiculitis. Treatments to date have included physical therapy, acupuncture treatment, chiropractic treatments, oral pain medication and activity modification. Currently, the injured worker complains of pain in the back. The plan of care was for diagnostic, medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection, Bilateral (Lumbar) L5, under fluoroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, table 12-8, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 295, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 4/10/13. The medical records provided indicate the diagnosis of bilateral lumbar facet arthropathy, cervical facet arthropathy, cervicogenic headache and bilateral lumbar radiculitis. Treatments to date have included physical therapy, acupuncture treatment, chiropractic treatments, oral pain medication and activity modification. The medical records provided for review do not indicate a medical necessity for Transforaminal Epidural Injection, Bilateral (Lumbar) L5, under fluoroscopic guidance. The MTUS recommends Epidural steroid injection if there is documentation of radiculopathy by physical examination and corroborated by imaging studies and / or electrodiagnostic testing in an individual who has following failed conservative treatment that includes exercises, physical methods, NSAIDs and muscle relaxants. The records indicate the injured worker has non-dermatomal sensory loss, numbness and tingling of the leg during straight leg raise; previous MRI is suggestive of radiculopathy features in L4-L5 and L5-S1 areas. Such description of straight leg raise is inadequate to determine whether the straight leg raise was positive, there was no mention of the angle or the direction of the reproduced tingling. Therefore, it is not possible to clearly say there was a clinically documented straight leg raise or radiculopathy; the MTUS regards the Crossed-straight-leg raises are the most highly specific test of sciatic nerve tension.

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 4/10/13. The medical records provided indicate the diagnosis of bilateral lumbar facet arthropathy, cervical facet arthropathy, cervicogenic headache and bilateral lumbar radiculitis. Treatments to have included physical therapy, acupuncture, chiropractic treatments, oral pain medication and activity modification. The medical records provided for review do not indicate a medical necessity for Norco 10/325 mg Qty 60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records reviewed indicate worsening symptoms and no overall improvement with the use of the medication. The records do not indicate the injured worker is properly monitored for pain control, activities of daily living, adverse effects and aberrant behavior.

Lidoderm patch 5%, Qty 60: 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 Lidoderm (lidocaine patch) esics Page(s): 56-57.

Decision rationale: The injured worker sustained a work related injury on 4/10/13. The medical records provided indicate the diagnosis of bilateral lumbar facet arthropathy, cervical facet arthropathy, cervicogenic headache and bilateral lumbar radiculitis. Treatments to date have included physical therapy, acupuncture treatment, chiropractic treatments, oral pain medication and activity modification. The medical records provided for review do not indicate a medical necessity for Lidoderm patch 5%, Qty 60. The MTUS states that Lidoderm patch is not a first-line treatment and is only FDA approved for post-herpetic neuralgia, to be used after failed treatment with anti-depressants and anti-epilepsy drugs.