

Case Number:	CM15-0072235		
Date Assigned:	04/22/2015	Date of Injury:	04/15/1980
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 sustained an industrial injury on 4/15/80. He reported initial complaints of lumbar and left foot. The injured worker was diagnosed as having lumbar facet arthropathy; lumbosacral radiculopathy; degenerated disc disease; myofascial pain syndrome; chronic pain. Treatment to date has included medications. Currently, the PR-s notes 2/24/15 indicates the injured worker reports continued pain and Norco does not provide the pain relief he obtains from the use of Avinza. Currently the prescribed medications are Norco 10/325mg tabs 1 PO every 4-6 hours, Avinza 60mg CP24 (Morphine Sulfate beads) 1 PO every day and Celebrex 200mg capsule 1 PO every day. The lumbosacral examination indicates pain and tenderness across lower back on extension, along facet joints. The treatment plan for this date of service was to renew Avinza 60mg 1 PO every day and to continue home exercise program, moist heat and stretches. The provider did not submit PR-2 notes dated 3/2/15 used in the Utilization Review for the requested Lumbar transforaminal epidural steroid injections bilateral L4,L5 and S1 (series of 2-3 injections needed); Norco 10/325mg Q4-6H #30 and Celebrex 200mg QD #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Q4-6H #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 61 year old male has complained of low back pain since date of injury 4/15/80. He has been treated with physical therapy and medications to include opioids for at least 1 month duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

Celebrex 200mg QD #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: This 61 year old male has complained of low back pain since date of injury 4/15/80. He has been treated with physical therapy and medications to include Celebrex since at least 12/2014. The current request is for Celebrex. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Celebrex is not medically necessary in this patient.

Lumbar transforaminal epidural steroid injections bilateral L4, L5 and S1 (series of 2-3 injections needed): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: This 61 year old male has complained of low back pain since date of injury 4/15/80. He has been treated with physical therapy and medications. The current request is for lumbar transforaminal epidural steroid injections bilateral L4, L5 and S1 (series of 2-3 injections

needed). Per the MTUS guidelines cited above epidural corticosteroid injections are recommended as an option for the treatment of radicular pain when the specific following criteria are met: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The available medical records do not include documentation that criteria (1) above has been met. Specifically, the available provider notes do not document evidence of radiculopathy by physical examination. On the basis of the MTUS guidelines, the request for lumbar transforaminal epidural steroid injections bilateral L4, L5 and S1 (series of 2-3 injections needed) is not medically necessary.