

Case Number:	CM15-0075355		
Date Assigned:	04/27/2015	Date of Injury:	01/31/2014
Decision Date:	05/22/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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, Pain Management

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 41 year old female, who sustained an industrial injury on 01/31/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having bilateral sacroiliac joint dysfunction, lumbar spine sprain with radicular symptoms, and moderate disc herniation at lumbar five to sacral one. Treatment to date has included laboratory studies, magnetic resonance imaging of the lumbar spine, medication regimen, chiropractic therapy, and right trans laminar epidural at lumbar five to sacral one. In a progress note dated 01/09/2015 the treating physician reports low back pain with radicular bilateral leg pain with the left being worse than the right, along with numbness to the bilateral feet with the left being worse than the right. The treating physician requested a left transforaminal epidural at lumbar five to sacral one noting that prior epidural injection reduced the pressure to the low back. The documentation provided did not include a recent request for the medication Butrans Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (No Level specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Additionally, there are inconsistencies in examination findings and supporting a diagnosis of radiculopathy. Finally, it is unclear if the epidural injection is being requested as an interlaminar injection, or a transforaminal injection, and at what levels the injection is intended to be performed. In the absence of clarity regarding those issues, the currently requested repeat lumbar epidural steroid injection is not medically necessary.

Butrans 10 mcg (1 TD patch every 7 days) Qty 4 (Script + 0 Refills): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Butrans, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it does appear that the patient has been using narcotic pain medication, physical therapy, and injections, without sustained long-lasting relief. The addition of a long acting pain medication may further improve the patient's pain and function. It appears that urine drug screens have been performed previously, and that the patient has been informed about the risks and benefits of opiate pain medication. Therefore, a one month trial of Butrans seems reasonable. Of course, ongoing use would require documentation of analgesic efficacy, objective functional improvement, discussion regarding side effects, and discussion regarding aberrant use. As such, the currently requested Butrans is medically necessary.