

Case Number:	CM15-0076751		
Date Assigned:	04/28/2015	Date of Injury:	04/01/2011
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/21/2015

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: Massachusetts

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 male who sustained an industrial injury on 04/01/2011. Diagnoses include degenerative disc disease, right wrist and hand sprain and strain and carpal tunnel syndrome, and left wrist and hand sprain and strain. Treatment to date has included diagnostic studies, medications, and epidural injections. A physician progress note dated 03/25/2015 documents the injured worker complains of low back pain and left leg pain. His pain is constant and severe. The injured workers main complaint is left hip and left leg pain. On examination Straight Leg test is positive on the left. Treatment requested is for Norco 10/325mg, and Transforaminal epidural B L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, page 8, (2) Opioids, criteria for use, pages 76-80 (3) Opioids, dosing, page 86.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for low back and left leg pain. Treatments included an epidural injection on 04/09/13 with unknown results. An MRI scan of the lumbar spine on 08/14/14 is reported as showing an L5-S1 to protrusion with mild foraminal narrowing. When seen, the claimant had back and left lower extremity pain. Medications included Norco being taken up to six times per day. There was a normal neurological examination. Straight leg raising on the left side caused back pain. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, the claimant's response to this medication is not documented. Whether it is providing pain relief or any other benefit is unknown. Therefore, the request is not considered medically necessary.

Transforaminal epidural B L5-S1: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for low back and left leg pain. Treatments included an epidural injection on 04/09/13 with unknown results. An MRI scan of the lumbar spine on 08/14/14 is reported as showing an L5-S1 to protrusion with mild foraminal narrowing. When seen, the claimant had back and left lower extremity pain. Medications included Norco being taken up to six times per day. There was a normal neurological examination. Straight leg raising on the left side caused back pain. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the result from the epidural steroid injection done in 2013 is not documented and therefore a repeat epidural steroid injection is not considered medically necessary.