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| Case Number: | CM15-0077636 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 06/03/2011 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/20/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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, New York, California
 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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 3, 2011. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for an epidural steroid injection at L5-S1, Norco, and Duragesic. The claims administrator referenced a RFA received on April 6, 2015 and an associated progress note dated March 30, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress dated March 30, 2015, the applicant reported ongoing complaints of low back pain with radiation of pain to bilateral lower extremities. The applicant was using Norco and Duragesic. The attending provider stated that medications were beneficial in terms of the improving the applicant is sitting and standing tolerance. The applicant was overweight, with BMI 29. The applicant was given refills of Norco, Neurontin, and Duragesic. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant should pursue an epidural steroid injection on that date. On April 20, 2015, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant stated that his left leg was giving out on him. The applicant was reportedly intent on pursuing surgical intervention involving the lumbar spine. Once again, the applicant was placed off work, on total temporary disability, while Norco, Neurontin, and Duragesic were renewed and/or continued. On an earlier note dated February 23, 2015, the attending provider stated that the applicant had a confirmed L5 radiculopathy associated with a large disk herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46.

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

Decision rationale: No, the request for a lumbar epidural steroid injection at L5-S1 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radio graphically and/or electro diagnostically confirmed, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that the goal of epidural steroid injection therapy is to aid the applicant in "avoiding surgery". Here, however, the attending provider apparently abandoned his request for an epidural steroid injection by noting on April 27, 2015 that the applicant should go ahead and pursue spine surgery. The attending provider stated that the applicant's MRI imaging and clinical presentation which included persistent complaints of low back pain radiating to the left leg with associated left leg weakness did suggest that the applicant would be better-served pursuing a surgical remedy as opposed to epidural steroid injection therapy. Therefore, the request was not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on several occasions, referenced above. The applicant's pain complaints appeared to be heightened from visit to visit as opposed to reducing from visit to visit, despite ongoing Norco usage. The applicant continued to report difficulty-performing activities as basic as standing and walking, it was reported on multiple occasions, in earlier 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Fentanyl 25mcg/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improve functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, on total temporary disability, it was acknowledged on multiple office visits of early 2015. The applicant's pain complaints were seemingly heightened from visit to visit, it was suggested on several occasions, referenced above. The attending went on to endorse a surgical remedy, noting that medications had not proven effective. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was further noted. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Duragesic (fentanyl). Therefore, the request was not medically necessary.