

Case Number:	CM15-0078182		
Date Assigned:	04/29/2015	Date of Injury:	04/02/1999
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 60 year old female, who sustained an industrial injury on April 2, 1999. She reported slipped and fell on a newly mopped floor. The injured worker was diagnosed as having lumbar disc degeneration, lumbar disc displacement, and spinal contusion and strain. Diagnostic study to date has included an MRI. Treatment to date has included physical therapy, acupuncture, epidural steroid injection, and opioid medications. On March 3, 2015, the injured worker complains of moderate to severe, constant low back pain radiating down the bilateral lower extremities. Her pain was worsened recently. Associated symptoms include constant numbness in the bilateral lower extremities to the level of the hips down to the toes. The pain was described as aching, burning, pins and needles, sharp, stabbing, and throbbing. Her pain was rated 6/10 with medications and 10/10 without medications. A prior epidural steroid injection was helpful. She is not currently working. The physical exam revealed an antalgic gait, use of a cane to ambulate, tenderness of the spinal vertebral area at lumbar 4-sacral 1 levels, limited range of motion due to pain, significantly increased pain with flexion and extension, decreased sensation in the bilateral lower extremities, normal motor in the bilateral lower extremities, and a positive right straight leg raise. The treatment plan includes a right lumbar 4-sacral 1 transforaminal epidural steroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 transforaminal epidural under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections right L4 - S1 transforaminal epidural steroid injection under fluoroscopy is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. Etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar disc degeneration; chronic pain; lumbar disc displacement; lumbar radiculopathy; lumbar spinal stenosis; osteoarthritis right hip/bilateral hips; depression; hypertension, obesity; status post right hip replacement; status post bilateral knee surgery; and status post right knee replacement. According to a March 3, 2015 progress note, the documentation shows the injured worker received a prior lumbar epidural steroid injection. The documentation states the LESI was helpful. The documentation does not provide the level or levels injected nor does the documentation provide objective documented pain relief, decreased need for pain medications and the functional response. The documentation does not state whether there was a 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Subjectively, according to the March 3, 2015 progress note, the injured worker complained of low back pain that radiated to the bilateral lower extremities. It was a VAS pain score of 6/10 with medications and 10/10 without medications. Objectively, there was tenderness to palpation. Neurologic evaluation showed normal motor function with no objective evidence of radiculopathy. An MRI was performed on January 7, 2008 that shows disc protrusion at L2 - L3 and degenerative disc disease from L2 - L3 to L5 - S1. Consequently, absent clinical documentation of prior lumbar epidural steroid injections, objective evidence of radiculopathy on physical examination and MRI corroboration (radiculopathy), epidural steroid injections right L4 - S1 transforaminal epidural steroid injection under fluoroscopy are not medically necessary.

Norco 10-325mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg b.i.d. #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are lumbar disc degeneration; chronic pain; lumbar disc displacement; lumbar radiculopathy; lumbar spinal stenosis; osteoarthritis right hip/bilateral hips; depression; hypertension, obesity; status post right hip replacement; status post bilateral knee surgery; and status post right knee replacement. Documentation from a November 13, 2014 progress note (by the treating orthopedist) shows Norco was first prescribed. The VAS pain scale was 9/10. In a follow-up progress note dated January 23, 2015 the VAS pain scale was 8/10. Norco was not providing effective relief. There was discussion in the subsequent progress note regarding a trial of Butrans patch. The treating provider attempted to wean Norco, but was unsuccessful with an increase in pain. The injured worker was also under the care of a pain management provider. The pain management provider was also prescribing Norco. In a progress note dated March 3, 2015, the treating orthopedist refilled Norco. The injured worker was reportedly having difficulty with activity and function for which she is using medication to help reduce pain. There is no documentation of objective functional improvement in the medical record. There are no risk assessments in the medical record and the detailed pain assessments in the medical record. Additional medications include Ambien, Flexeril and Gabapentin. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco with 2 providers prescribing Norco concurrently with no risk assessment or detailed pain assessments, Norco 10/325 mg b.i.d #60 is not medically necessary.