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| Case Number: | CM15-0092297 | | |
| Date Assigned: | 05/18/2015 | Date of Injury: | 03/25/2014 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/13/2015 |

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 44-year-old male, who sustained an industrial injury on 03/25/2014. He has reported injury to the right shoulder and low back. The diagnoses have included compression fracture at L1 with left-sided radiculitis; lumbar degenerative changes in the facet joints with multilevel bilateral facet capsulitis; lumbar spondylosis; and fracture scapula, closed. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection, and home exercise. Medications have included Norco, Ibuprofen, and Cyclobenzaprine. A progress note from the treating physician, dated 04/27/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with prolonged sitting and with driving; pain is more localized now and is primarily in the left side of the back; the pain does not come down into the leg anymore; underwent first lumbar epidural steroid injection on 04/14/2015, and has noticed a lot of improvement in his pain; and he feels he has had about 50- 60% improvement in his pain with walking. Objective findings included spasm and guarding is noted in the lumbar spine; and decreased lumbar range of motion. The treatment plan has included the request for one left-sided lumbar epidural steroid injection at L1-2, each additional level x 2, lumbar epidurogram, fluoroscopic guidance, IV sedation; and Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left sided lumbar epidural steroid injection at L1-2, each additional level x 2, lumbar epidurogram, fluoroscopic guidance IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in March 2014 and continues to be treated for low back pain. An epidural steroid injection in April 2015 is referenced as decreasing pain by 50-60%. Medications include Norco being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. When seen, there was decreased lumbar spine range of motion with guarding and muscle spasms. Authorization for an epidural steroid injection was requested. The codes used are for an interlaminar epidural steroid injection with two additional levels. Criteria for the use of epidural steroid injections include that no more than one level if an interlaminar approach is used. In this case, coding indicates that a three level interlaminar injection was requested which cannot be considered medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco: Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in March 2014 and continues to be treated for low back pain. An epidural steroid injection in April 2015 is referenced as decreasing pain by 50-60%. Medications include Norco being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. When seen, there was decreased lumbar spine range of motion with guarding and muscle spasms. Norco was refilled. Norco (hydrocodone /acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.