MAXIMUS Federal Services

Case Number:	CM15-0096376		
Date Assigned:	05/28/2015	Date of Injury:	02/10/2014
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/19/2015

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 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 10, 2014. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve requests for lumbar epidural steroid injection therapy, Norco, Ambien, and Percocet. The claims administrator referenced a May 11, 2015 RFA form and associated progress note of April 28, 2015 in its determination. The claims administrator did not clearly state whether the applicant had or had not had previous epidural steroid injection therapy or not. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant reported ongoing complaints of low back, hip, leg pain, reportedly worsen since the last visit. Activities of daily living as basic as sitting and walking remained problematic. The applicant had been off work for the preceding year and half, it was reported. Attending provider referenced lumbar MRI imaging of October 22, 2014 notable for multilevel disc bulges or protrusion of uncertain clinical significance, including 2 to 3 mm bulge touching the thecal sac at the L4-L5 level without associated central or nerve root stenosis. L5-S1 level was interpreted as negative, while the L3-L4 level was notable for 2 to 3 mm disc bulge with associated thecal sac indentation. Norco and Ambien were seemingly renewed while the applicant was kept off of work, on total temporary disability. There was no explicit mention that the applicant was using Percocet on this date. It was not stated whether the applicant had or had not had previous epidural steroid injection therapy or not. In a RFA form dated May 11, 2015, Percocet was endorsed, seemingly without much in the way of supporting rationale. On

May 8, 2015, the applicant was asked to switch from Norco to Percocet on the grounds that Norco is not generating adequate analgesia. The attending provider reiterated his request for epidural steroid injection therapy. The applicant was described as having low back, hip, and leg pain. Limited range of motion was appreciated on exam. Once again, it was not stated whether the applicant had or had not had previous epidural steroid injection therapy or not. On February 10, 2014, it was stated that the applicant was continuing to use medical marijuana for his chronic pain complaints. On January 12, 2015, it was again stated that the applicant was using marijuana on a "weekly" basis. Drug testing dated February 19, 2015 was apparently positive for marijuana metabolites. On February 10, 2015, an epidural steroid injection was endorsed. The applicant was described as using marijuana at this point. The applicant was apparently urged in considering epidural steroid injection therapy on that date, it was suggested. It was not explicitly stated whether the applicant had ever gone forward with the request for epidural steroid injection therapy. The remainder of the file was surveyed on several occasions. There did not appear to have been any epidural steroid injection procedure notes on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections, L3-L4, L4-L5: Overturned

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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Yes, the request for lumbar epidural steroid injection at L3-L4 and L4-L5 was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain complaints, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant did have earlier lumbar MRI imaging on October 2014 which did demonstrate evidence of disc bulges and an associated thecal sac indentation at the levels in question, L3-L4 and L4-L5. Thus, the applicant's radiculopathy did appear, at least in part, to be radiographically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, supports it as two diagnostic blocks. It was seemingly framed as a first time request for lumbar epidural steroid injection therapy. Therefore, the request was medically necessary.

Norco 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91-92, 124.

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

Decision rationale: Conversely, 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, as suggested on multiple progress notes, referenced above, including on March 8, 2015, at which point it was acknowledged that the applicant was no longer working. The applicant's pain complaints have worsened, it was reported on that date. Activities of daily living as basic as bending, sitting, and walking remained problematic. The applicant himself acknowledged that on May 8, 2015 that the ongoing usage of Norco was not, in fact, proving beneficial here. Therefore, the request was not medically necessary.

Ambien 10 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes, has the responsibility to be well informed regarding the usage of the same, and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the request to continue Ambien, in effect, represented treatment counter to the short-term role for Ambien espoused in the FDA label. The attending provider failed to furnish compelling applicant-specific rationale or medical evidence which would have supported such usage. Therefore, the request was not medically necessary.

Percocet 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91-92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: Finally, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioid is suggested in applicants who are engaged in illegal activity, including usage of illicit drugs. Here, the applicant was described, throughout the file, as using marijuana in conjunction with opioid agents. Discontinuing opioids, thus, appeared to have been a more appropriate option than introduction of the same, given the applicant's concurrent usage of marijuana. Therefore, the request was not medically necessary.