

Case Number:	CM15-0097033		
Date Assigned:	05/27/2015	Date of Injury:	03/11/2006
Decision Date:	06/29/2015	UR Denial Date:	04/27/2015
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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old female patient, who sustained an industrial injury on 3/11/06. The diagnoses include lumbar radiculitis, lumbar disc bulge at L4-L5, cervical radiculopathy and cervical disc displacement. Per the doctor's note dated 4/27/15, she had complaints of neck pain with tingling and numbness in bilateral hands, low back pain and right ankle pain. The physical examination revealed tenderness, spasm and decreased range of motion of the cervical and lumbar spine. Per the PR2 dated 3/9/15, she reports 50% pain relief in low back and legs following the lumbar epidural injection she received on 12/17/14. Objective findings include improved range of motion, a positive straight leg raise test on the right at 50 degrees and reduced sensation in L4-L5 distribution. The medications list includes norco, vicodin, tizanidine, omeprazole, cyclobenzaprine, ibuprofen, tramadol, zolof and xanax. Her surgical history includes hernia repair, C-section, right shoulder surgery, bilateral wrists and right knee surgery. She has undergone lumbar ESI on 12/17/2014. She has had chiropractic treatments, epidural injections and a lumbar MRI. Per the records provided patient was taking opiates from two different facilities. The treating physician requested a right L4-L5 epidural steroid injection under fluoroscopic guidance and Vicodin 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 epidural steroid injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Epidural steroid injections.

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

Decision rationale: Right L4-L5 epidural steroid injection under fluoroscopic guidance The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per the recent doctor's note dated 4/27/15, she had complaints of neck pain with tingling and numbness in bilateral hands, low back pain and right ankle pain. The physical examination revealed tenderness, spasm and decreased range of motion of the cervical and lumbar spine. Unequivocal evidence of radiculopathy documented by physical examination and corroborated by electro diagnostic testing is not specified in the records provided. Per the PR2 dated 3/9/15, she reports 50% pain relief in low back and legs following the lumbar epidural injection she received on 12/17/14. Per the records provided patient was taking opiates from two different facilities. The records provided do not specify clear objective documentation of at least 50% improved functional response and decrease in need for pain medications, (including medications from the other facility where she gets opiates), for a duration six to eight weeks with prior lumbar steroid injections. As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. As stated above, ESI alone offers no significant long-term functional benefit. The medical necessity of Right L4-L5 epidural steroid injection under fluoroscopic guidance is not fully established for this patient. Therefore, the request is not medically necessary.

Vicodin 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin), When to Discontinue Opioids, When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Hydrocodone, Opioids, When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 Page(s): 76-80.

Decision rationale: Request Vicodin 5/325mg #30. Vicodin contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. Response to lower potency opioid like tramadol is not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. Per the records provided patient was taking opiates from two different facilities. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Vicodin 5/325mg # 30 is not established for this patient at this time. Therefore, the request is not medically necessary.