

Case Number:	CM15-0097416		
Date Assigned:	05/28/2015	Date of Injury:	05/07/2010
Decision Date:	06/26/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old female, who sustained an industrial injury on May 7, 2010. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included displaced lumbar intervertebral disc without myelopathy, thoracic/lumbar neuritis or radiculitis, facet syndrome, lumbosacral neuritis and sciatica. Treatment to date has included medications, radiological studies, epidural steroid injections, chiropractic treatments, lumbar facet injections and a lumbar medial branch radiofrequency ablation. Current documentation dated April 30, 2015 notes that the injured worker reported a dramatic increase in right leg pain. The pain was rated a ten out of ten on the visual analogue scale due to the injured worker being out of her Norco for four weeks. The documentation notes the injured worker had prior epidural steroid injections, which provided significant pain relief in the past. The combination of epidural steroid injections and her current medication regime allow her to continue to function and work. Lumbar spine examination revealed tenderness through the right buttock and a seated straight leg raise test was positive on the right side. The injured worker was noted to walk with an antalgic gait. The treating physician's plan of care included a request for a Medrol 4 Pak 4 mg # 1 and Norco 10/325 mg # 140 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol 4 pak 4 mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Medrol dose pack, neck and upper back chapter oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Oral corticosteroids, page 624.

Decision rationale: Per the guidelines, oral corticosteroids (Medrol Pak) are not recommended for acute, sub-Acute and chronic Low Back Pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. Oral steroids (corticosteroids) are sometimes used by some clinicians in the treatment of patients with acute low back problems with radiculopathy to reduce inflammation in an attempt to promote healing and reduce pain; however, the limited available research evidence indicates that oral steroids do not appear to be an effective treatment for patients with back problems and has serious potential complications associated with long-term use. Submitted reports have not demonstrated indication beyond guideline criteria. The Medrol 4 pack 4 mg #1 is not medically necessary and appropriate.

Norco 10/325 mg #140 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The patient is s/p multiple pain interventions including lumbar epidurals and recent lumbar RFA authorized in November 2014 with pain relief to allow the patient to work. Long-term opiates are not recommended and utilization review modified the above request for weaning purposes. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to guidelines criteria without evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The patient continues to use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325 mg #140 1 refill is not medically necessary and appropriate.

