MAXIMUS Federal Services

Case Number:	CM13-0018953		
Date Assigned:	11/06/2013	Date of Injury:	09/27/2000
Decision Date:	01/29/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [redacted] employee who has filed the claim for chronic low back pain reportedly associated with an industrial injury of September 27, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a lumbar MRI of April 2, 2013, notable for multilevel discogenic disease of uncertain clinical significance; electrodiagnostic testing of April 9, 2013, reportedly negative for radiculopathy; unspecified amounts of physical therapy; and muscle relaxants. In a utilization review report of August 6, 2013, the claims administrator denied a request for epidural steroid injection, denied a request of Lyrica, denied a request for Protonix, denied a request for Flexeril, and certified a request for Effexor. The claims administrator noted that the applicant had had prior epidural steroid injections, but did not have evidence of clear-cut radiculopathy. Therefore, the epidural procedure was denied. The applicant's attorney later appealed, on August 29, 2013. A May 16, 2013, progress note is notable for comments that the applicant is status post cervical epidural steroid injection. The applicant is on Ultracet, Norco, Effexor, Relafen, Fexmid, Protonix, Lyrica, Theramine, Trepadone, and Dendracin lotion, it is further noted. The applicant has multiple palpable trigger points. Positive straight leg rising is appreciated. There is no evidence of diminished sensorium about the bilateral lower extremities in the L4 to S1 distributions. The applicant does have a limp. The lumbar MRI of April 2, 2013 is notable for multilevel disk bulges and degenerative changes of uncertain clinical significance are referenced. Epidural steroid injection therapy is endorsed. The attending provider cites the ACOEM Guidelines. The applicant's work status is unknown. An earlier progress note of September 20, 2012 is notable for comments that

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar steroid injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009) .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for the use of Epidural steroid injections, .

Decision rationale: The applicant has had prior epidural steroid injections over the life of the claim, including in November 2009. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include evidence of functional improvement effected as a result of prior injections. In this case, however, there is no such evidence of functional improvement effected as a result of a prior injection. The applicant does not appear to have returned to work. The applicant appears to be highly reliant on various forms of medical treatment, including injection therapy involving both the cervical and lumbar spines. The applicant is also using numerous analgesic and adjuvant medications. Given the unfavorable response to the prior injection, the repeat block is not certified, on independent medical review.

Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: While Lyrica or pregabalin is considered a first-line treatment for neuropathic pain, as suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, in this case, as with the many other medications that the applicant is using, there is no evidence of functional improvement effected as a result of prior usage of the same. The applicant has seemingly failed to return to work. There is no evidence of reduction in dependence on continued medical treatment effected as a result of ongoing Lyrica usage. The applicant's continued reliance and dependence on various forms of medical treatment, including medications and injections argues against functional improvement as defined in section 9792.20f. Therefore, the request is not certified.

Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesics, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Fexmid to the mix is not recommended. It is further noted that the applicant does not appear to have effected any functional improvement through prior usage of Fexmid as evinced by her failure to return to work and her failure to reduce dependence on medical treatment. Therefore, the request remains non-certified, on independent medical review.

Protonix 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy, .

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesics, adjuvant, and psychotropic medications. Adding cyclobenzaprine or Fexmid to the mix is not recommended. It is further noted that the applicant does not appear to have effected any functional improvement through prior usage of Fexmid as evinced by her failure to return to work and her failure to reduce dependence on medical treatment. Therefore, the request remains non-certified, on independent medical review.