

Case Number:	CM13-0019821		
Date Assigned:	10/11/2013	Date of Injury:	08/19/2004
Decision Date:	01/08/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 physical medicine and rehabilitation, has a subspecialty in sports medicine, and is licensed to practice in New York and Texas. 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.

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 patient is a 60-year-old who reported an injury on 08/19/2004. The patient's symptoms include low back pain with radiation into the right lower extremity. The physical exam findings include decreased strength in the right lower extremity, positive straight leg raising on the right, mildly decreased range of motion of the lumbar spine, and tenderness to palpation of the lumbar paraspinal muscles. His diagnosis is listed as low back pain with radiating symptoms into the right lower extremity. It was noted that the patient had an MRI of the lumbar spine on 07/29/2009 which showed degenerative disc changes at multiple levels. The MRI was also noted to show reduced right foraminal at the L2-3 and L3-4 levels due to inferior foraminal disc bulging at endplate and osteoarthritic ridging reducing foraminal dimensions. The patient's medications were noted to be Relafen 750 mg twice a day and Prilosec 20 mg a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right L2 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections for patients who have been initially unresponsive to conservative treatment, as well as patients with radiculopathy which must be documented by physical examination and corroborated by imaging studies. Additionally, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks in order to recommend further epidural steroid injections. The patient was noted to have objective findings consistent with radiculopathy; however, despite statements in the patient's office notes that an MRI showed neural foraminal narrowing, with the absence of the MRI report, the statement cannot be verified. Additionally, there was no documentation provided that showed at least 50% pain relief and associated reduction of medication use for 6 to 8 weeks following the patient's noted previous epidural steroid injections which he had noted to have been helpful. With the absence of the MRI report and documentation showing objective functional gains and pain relief following the patient's previous epidural steroid injections, the requested service is not supported by guidelines. The request for one right L2 transforaminal epidural steroid injection is not medically necessary and appropriate.

One right L3 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections for patients who have been initially unresponsive to conservative treatment, as well as patients with radiculopathy which must be documented by physical examination and corroborated by imaging studies. Additionally, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks in order to recommend further epidural steroid injections. The patient was noted to have objective findings consistent with radiculopathy; however, despite statements in the patient's office notes that an MRI showed neural foraminal narrowing, with the absence of the MRI report, the statement cannot be verified. Additionally, there was no documentation provided that showed at least 50% pain relief and associated reduction of medication use for 6 to 8 weeks following the patient's noted previous epidural steroid injections which he had noted to have been helpful. With the absence of the MRI report and documentation showing objective functional gains and pain relief following the patient's previous epidural steroid injections, the requested service is not supported by guidelines. The request for one right L3 transforaminal epidural steroid injection is not medically necessary or appropriate.

One prescription of Relafen 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, and 72.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second line treatment after acetaminophen for patients with back pain. It also states that in general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for low back pain. Additionally, the guidelines state that the dosing for Relafen should be started at 1000 mg daily. It states then that the dose could be divided into 500 mg twice a day. It also states that additional relief may be obtained with a dose of 1500 mg to 2000 mg per day if the starting dose of 1000 mg per day is not effective. The guidelines specify that the lowest effective dose of Relafen should be sought for each patient. The medical records provided did not include documentation of the patient's response to acetaminophen for their back pain. Additionally, there was no documentation of the starting dose of Relafen as recommended by guidelines at 1000 mg per day and the patient's current dose exceeds that recommendation by guidelines. With the absence of documentation of the patient's pain relief on acetaminophen and on a lower dose of Relafen, the requested medication is not supported by guidelines. The request for one prescription of Relafen 750mg is not medically necessary or appropriate.

One prescription of Prilosec 20mg with four refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI (gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors for patients at intermediate risk for gastrointestinal events and with no cardiovascular disease. Factors to determine patients at risk for gastrointestinal events include the patient's age (over 65 years old), history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or patients on a high dose or multiple NSAID medications. As the previous request for the patient's NSAID medication, Relafen, was non-certified, and the patient is not noted to be on any other NSAID medications or have any other gastrointestinal risk factors, the request for proton pump inhibitor is not supported by guidelines. The request for one prescription of Prilosec 20mg with four refills is not medically necessary or appropriate.