MAXIMUS Federal Services

Case Number:	CM13-0022254		
Date Assigned:	06/06/2014	Date of Injury:	05/15/2013
Decision Date:	07/14/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in 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 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/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 injured worker is a 52 year old male injured on 05/15/13. The clinical note dated 08/08/13 indicates the injured worker presented complaining of persistent low back pain as a result of welding accident. He slipped and fell on concrete landing on his back and right side. The injured worker initially received medication management and physical therapy without improvement. MRI performed on 06/02/13 revealed evidence of mild generalized degenerative disc disease and facet degeneration with minimal L4-5 and L5-S1 disc protrusions but no nerve root compression was noted. Prescriptions for Norco QD and anti-inflammatory were prescribed at the time of injury. Treatment plan included continuation of Norco 10/325mg QD, Mobic 15mg QD, Flexeril 10mg Q 12 hours, and lumbar epidural steroid injection. The clinical note dated 08/29/13 indicates the injured worker presented complaining of persistent back pain due to degenerative disc disease at L4-5 and L5-S1 levels with small disc protrusion along with occasional right sided radicular complaints. The injured worker reports recent increase in pain due to change in job activities. The injured worker was placed on activity modification secondary to back complaints. Physical examination revealed tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions, decreased range of motion with radiation of pain down the right posterior thigh, neurologic examination intact. The injured worker was provided Toradol IM injection of 60mg, prescription for Norco 10/325mg Q 8-12 hours PRN. The initial request for 2 lumbar interlaminar epidural steroid injections at right L5-S1, prescription of Norco 10/325 #30 with 3 refills, prescription of Mobic 15mg #30 with 5 refills, and prescription of Flexeril 10mg, #60 with 3 refills was initially non-certified on 09/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 LUMBAR INTERLAMINAR EPIDURAL STEROID INJECTIONS AT RIGHT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per CAMTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. As such, the request for 2 lumbar interlaminar epidural steroid injections at right L5-S1 cannot be recommended as medically necessary.

1 PRESCRIPTION OF NORCO 10/325 #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of 1 prescription of Norco 10/325 #30 with 3 refills cannot be established at this time.

1 PRESCRIPTION OF MOBIC 15MG 330 WITH 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MELOXICAM (MOBIC),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that previous attempts at over-the-counter non-steroidal anti-inflammatory drug were attempted. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for 1 prescription of Mobic 15mg 330 with 5 refills cannot be established as medically necessary.

1 PRESCRIPTION OF FLEXERIL 10MG #60 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS.

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

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that previous attempts at over-the-counter non-steroidal anti-inflammatory drug were attempted. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for 1 prescription of Mobic 15mg 330 with 5 refills cannot be established as medically necessary.