MAXIMUS Federal Services

Case Number:	CM13-0024224		
Date Assigned:	11/20/2013	Date of Injury:	12/09/2010
Decision Date:	02/03/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/13/2013

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 and is licensed to practice in Illinois, Indiana 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. 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 patient is a 60-year-old male who reported an injury on 12/09/2010. The mechanism of injury was not provided for review. The patient developed chronic back pain. The patient was treated with medications, chiropractic care, physical therapy, and epidural steroid injections. The patient's most recent clinical examination findings included tenderness to palpation over the bilateral paravertebral musculature with a positive straight leg raising test on the left and decreased range of motion described as 50 degrees in flexion, 15 degrees in extension, and 15 degrees in right and left lateral bending. The patient's treatment plan included discontinuing Zanaflex and switching to Robaxin, additional chiropractic services, and an additional epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for possible repeat lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 6, page(s) 163

Decision rationale: The requested Pain management consult for possible repeat lumbar epidural steroid injection is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received an epidural steroid injection. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on documentation of a minimum of 50% pain relief for a sustained duration of at least 6 weeks to 8 weeks with documentation of significant functional benefit. The clinical documentation submitted for review does not provide any evidence to establish the efficacy of the prior injection, as pain relief, duration of pain relief, and increased functional benefit were not provided as it was related to the previous injection. American College of Occupational and Environmental Medicine recommend specialty consultation when the patient's treatment plan would benefit from additional expertise. Although a pain management consultation for a repeat lumbar epidural steroid injection may be supported, the efficacy of the prior injection was not established. Therefore, the need for an addition injection cannot be determined. As such, the requested Pain management consult for possible repeat lumbar epidural steroid injection is not medically necessary or appropriate.

Ultram ER 150mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78.

Decision rationale: The requested Ultram ER 150mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by quantitative measures to evaluate symptom relief, documentation of significant functional benefit, management of side effects, and monitoring for aberrant behavior. Although this medication is a synthetic opioid, it is not considered a controlled substance. Therefore, monitoring for aberrant behavior may not be indicated. However, the clinical documentation submitted for review did not provide any evidence that the patient has significant functional benefit as it is related to this medication. Additionally, there are no quantitative measurements to support symptom relief. As such, the requested Ultram ER 150mg #30 would not be medically necessary or appropriate.

Robaxin 750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Robaxin 750mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient was previously taking Zanaflex and was switched to Robaxin. California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants in the management of a patient's chronic pain. California Medical Treatment Utilization Schedule states, "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The clinical documentation submitted for review does not establish any exceptional factors to extend treatment beyond guideline recommendations. As California Medical Treatment Utilization Guidelines only recommend the use of this drug class for short durations of treatment, continued use would not be indicated. As such, the requested Robaxin 750mg #120 is not medically necessary or appropriate.