

Case Number:	CM13-0030306		
Date Assigned:	11/27/2013	Date of Injury:	11/12/2007
Decision Date:	01/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	09/30/2013

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] occupational therapist who has filed a claim for chronic low back pain associated with an industrial injury that took place on November 12, 2007. Thus far, the applicant has been treated with analgesic medications, psychotropic medications, adjuvant medications, topical agents unspecified amounts of physical therapy, left total shoulder replacement (April 2, 2013), and shoulder corticosteroid injections. A progress note dated September 12, 2013 reports that the applicant has 7/10 low back pain radiating to the right leg. She is depressed. She is on Cymbalta, Norco, and Motrin. Lower extremity strength is 5/5. Straight leg raising is positive. She has an L4-L5 disc protrusion with associated radicular pain. A note dated October 23, 2013 notes that the applicant has multilevel disc bulges, and right side radicular pain and weakness. Right lower extremity strength of 4/5 is documented. The applicant had an earlier MRI on April 3, 2008 that shows disc bulge generating L5 foraminal narrowing. On September 16, 2013, the applicant returned to regular duty work; at that time, she was using over-the-counter Advil and Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 transforaminal epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

Decision rationale: As notes on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two diagnostic epidural blocks can be performed. In this case, the applicant does not appear to have had any prior epidural blocks. The bulk of her treatment is focused on her shoulder issues, culminating in total shoulder arthroplasty. She does have active signs and symptoms of lumbar radiculopathy, and some corresponding radiographic corroboration of the radicular symptoms. Therefore, the request is certified.

one month supply of Cymbalta: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

Decision rationale: On September 12, 2013, it was documented that the applicant's mood had worsened as a result of withdrawal of Cymbalta. As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is FDA approved in the treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia, and is often used off-label for radiculopathy. In this case, the applicant has many indications for continuation of Cymbalta, including depression and radiculopathy. Continuing Cymbalta is indicated in this context; therefore, the request is certified.

one month supply of Norco 10/325: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain. In this case, the applicant did successfully return to work, and succeeded in tapering herself off Norco. She did undergo numerous surgeries, two as recent as February and April of 2013. Several reports stated that she did derive benefit from ongoing use of Norco. Continuing the same in the face of her successful return to work is indicated; therefore, the request is certified.

prednisone taper: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: While the MTUS-adopted ACOEM guidelines in chapter 12, table 12-A state that oral corticosteroids are "not recommended," no further commentary on the need for oral corticosteroids appears in the MTUS. Neither do the Chronic Pain Medical Treatment Guidelines deal with or address the use of oral corticosteroids in the treatment of radiculopathy at any length. This is an area and topic more completely and thoroughly addressed in the Third Edition ACOEM Guidelines, which do endorse usage of oral corticosteroids in the management of lumbar radiculopathy, noting that glucocorticosteroids are "recommended" for acute severe radicular pain syndrome. In this case, the claimant was experiencing severe lumbar radicular complaints. A course of glucocorticosteroids was indicated to treat the same, and is therefore certified.