

Case Number:	CM13-0031633		
Date Assigned:	12/04/2013	Date of Injury:	10/14/2010
Decision Date:	01/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/03/2013

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 PM&R, 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:

This patient is a 41-year-old female who reported an injury on 10/14/2010 while exiting a bus at which time the patient sustained a low back injury. The notes indicate the patient has restriction of the thoracic spine and lumbar spine in all planes with myofascial trigger points and taught bands throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. Sensation is noted to be decreased in the dorsum and plantar surface of the right foot, as well as the right calf to pinprick with strength of 4/5 in the right foot and 5-/5 in plantar flexion of the right foot. Prior treatment history of the patient is indicated as trigger point injections x4 to the thoracic and lumbar muscles, as well as medication management with hydrocodone 7.5/500 mg, cyclobenzaprine 10 mg, mirtazapine 15 mg, electrodiagnostic studies which were completed on 01/21/2013 documenting an abnormal electromyography study finding per the clinical nurse case manager notes. Also, the patient was noted to have undergone an MRI of the lumbar spine on 08/15/2012 which is noted to have revealed findings of a focal central disc extrusion at L2-3 measuring approximately 5 mm with severe spinal canal stenosis and mild facet arthropathy, as well as a broad-based central disc protrusion at L4-5 measuring 2 mm with an annular tear along with caudal margin and mild narrowing of the caudal margin of the orifice of the right neural foramen with bilateral facet arthropathy. Other treatments for the patient have consisted of physical therapy and acupuncture, as well as prior epidural steroid injection on 04/29/2013 at the L4-5 level. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI R L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI). Page(s): 46.

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

Decision rationale: CA MTUS states that Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance; with no more than two nerve root levels injected using transforaminal blocks and no more than one interlaminar level injected at one session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. While the documentation submitted for review indicates the patient to have significant findings at L2-3 and L4-5, the documentation submitted for review also indicates there was no significant irritation of the L5 nerve root according to the findings indicated in the MRI. Furthermore, the documentation of decreased sensation to fine touch and pinprick on the dorsum and plantar surface of the right foot are noted; however, there is no complaint of radiating pain to the L5 distribution. Furthermore, the notes detail the patient has undergone prior treatment with an epidural steroid injection at the L4-5 interspace which was of no significant benefit for longer than 1 week. Given the above, the request for lumbar ESI right L5 is not medically necessary and appropriate.

Hydrocodone/APP 7.5/500mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. While notes indicate the patient has 50% relief of pain with the prescribed medications which include hydrocodone, cyclobenzaprine, and mirtazapine and while there is indication of the patient's ability to function has significantly improved on the medication with

the patient able to perform activities of daily living more than 50% of the time, there is lack of a quantified pain scale noted with use of hydrocodone. Furthermore, specific functional improvement of the patient is not documented and there is no indication that any adverse side effects or aberrant drug-related behaviors of the patient have been addressed. Given the above, the request for hydrocodone/APP 7.5/500 mg #180 is not medically necessary and appropriate.

Cyclobenzaprine 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

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

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. However, review of the submitted documentation indicates the patient has been cyclobenzaprine sine at least 2011. Given the guideline recommendation for only a short course of therapy, medical necessity for continued use of cyclobenzaprine is not established. Given the above, the request for cyclobenzaprine 10 mg #120 is not medically necessary and appropriate.

Mirtazapine 15mg #120: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mirtazapine: Medline Plus Drug Information www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html.

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address Mirtazapine. The Official Disability Guidelines do not specifically address Mirtazapine. Clinical Literature states that Mirtazapine is a noradrenergic and specific serotonergic antidepressant (NaSSA) that is used primarily in the treatment of depression. The documentation submitted for review details the patient has a history of depression with the most recent clinical notes submitted for review dated 09/09/2013 indicating the patient rates her depression as 2/10 secondary to the patient's intractable low back pain. Given the above, treatment of depressive symptoms with mirtazapine would be supported. As such, the request for mirtazapine is medically necessary and appropriate.

Urine drug screen: 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 Drug testing Page(s): 43.

Decision rationale: CA MTUS states that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs; for on-going management of patients on opioids and for documentation of misuse of medications (i.e. doctor-shopping, uncontrolled drug escalation, drug diversion). While the documentation submitted for review indicates the patient is currently maintained on a medication regimen for which ongoing management would be recommended, there is lack of documentation submitted for review indicating the patient's stratified risk for aberrant drug-related behavior and there is lack of documentation indicating a clear clinical rationale for testing per the submitted clinical notes. Given the above, the request for urine drug screen is not medically necessary and appropriate.