

Case Number:	CM13-0041707		
Date Assigned:	12/20/2013	Date of Injury:	10/24/2006
Decision Date:	07/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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 claimant was injured on 10/24/06. A series of 2 lumbar epidural steroid injections, Celebrex, Nexium, Skelaxin, and Savella are under review, the request was modified. The claimant injured his low back, cervical spine, left hand, left upper extremity, and both knees when he was sideswiped by a car while attempting to close a water valve in the street. On 07/31/13, he had neck and low back pain, and a positive straight leg raise test and axial neck pain. He had diminished sensation in the S1 and L5 dermatomes. He had extensor hallucis longus (EHL) weakness on the left and trace weakness on dorsiflexion. Treatment included: PT, chiropractic, epidural injections, medial branch blocks, radiofrequency ablation (RFA), thoracic facet injections, knee injections, lumbar facet injections, and medication. He saw [REDACTED] on 09/04/13; his neck and back pain was 6/10 in the low back, and pain was worse on the right with more radiation of pain into the left lower extremity. The pain was constant and he had increased pain at the lateral right thigh and back. Nothing seemed to help his pain. Neurologic examination did not include signs of radiculopathy. He had cervical mechanical pain and lumbar discogenic pain more to the right with radicular pain more to the left. The Celebrex and Nexium were being denied and this was becoming a problem. His medications were stable, and he was to continue Celebrex, Hydrocodone, Nexium, Skelaxin, and Savella. Cymbalta was started., and he was advised to seek care through his Medicare insurance for these medications. He had radiofrequency rhizotomy to the left side at multiple levels on 07/03/13, and underwent an injection to the left knee on 07/15/13. He has a history of acid reflux, diabetes type 2 and hypercholesterolemia. He has been taking the same medications for a prolonged period of time. There is some mention that [REDACTED] stated that the claimant had a disc bulge at L5-S1 and many episodes of chemical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERIES OF TWO (2) SESSIONS OF BILATERAL LUMBAR EPIDURAL STEROID INJECTIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The claimant reportedly had epidural steroid injections in the past, but his response is not noted and the level injected is also not described. There is no evidence of radiating pain that is consistent with radiculopathy on PE and no electromyography (EMG) demonstrating radiculopathy has been reported. There is no MRI of the lumbar spine that demonstrates nerve root compression. It is not clear whether the claimant has exhausted all other reasonable treatment for his symptoms or whether he has been involved in an ongoing rehab program that is to be continued in conjunction with ESIs. The need for this request has not been clearly demonstrated and therefore is not medically necessary.

CELEBREX 200MG TABLET #45 WITH FIVE (5) REFILLS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 61, 102.

Decision rationale: The history and documentation do not objectively support the request for continued use of Celebrex for the claimant's ongoing pain. Nonsteroidal anti-inflammatory drugs(NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The use of this type of medication for continued pain flare ups cannot be supported as reasonable or appropriate and is therefore not medically necessary.

NEXIUM 20MG TANLET,#30 WITH FIVE (5) REFILLS.: 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 Proton Pump Inhibitors Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary: esomeprazole.

Decision rationale: The history and documentation do not objectively support the request for Nexium. Guidelines state that proton pump inhibitors (PPIs) are used in patients at intermediate risk for gastrointestinal events and no cardiovascular disease. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. In addition, guidelines state that a trial of Omeprazole or Lansoprazole is recommended before Nexium therapy. There is no evidence of a trial of a first line proton pump inhibitor prior to the use of Nexium. Therefore, this request is not medically necessary.

SKELAXIN 800MG TABLET #90 WITH FIVE (5) REFILLS.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, , 62-63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 97.

Decision rationale: The history and documentation do not objectively support the request for Skelaxin 800 mg #90 with 5 refills. The guidelines recommend using non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Long term use is not supported. There is no evidence of chronic spasms that have responded to this medication. Before initiating medication therapy, the patient should set goals, and the continued use of medications should be contingent on meeting these goals. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain or spasm relief and functional benefit, has been or will be done. As such, this request is not medically necessary.

SAVELLA 25MG #60 WITH FIVE (5) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDLINES, , 62-63.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary: Savella.

Decision rationale: The history and documentation do not objectively support the request for Savella 25 mg #60 with 5 refills. ODG state it is an antidepressant that is not recommended, and in this case, the indication for this antidepressant is unclear. It is not clear what benefit the claimant may get from the use of Savella. Depression is not described in the records. The need for this request has not been clearly demonstrated and therefore is not medically necessary.