

Case Number:	CM13-0043305		
Date Assigned:	12/27/2013	Date of Injury:	09/03/1992
Decision Date:	02/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/22/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 56-year-old male who reported an injury on 09/03/1992. The patient is currently diagnosed with low back pain and knee pain. The patient was recently seen by [REDACTED] on 10/02/2013. The patient was 6 weeks status post lumbar epidural steroid injection with 30% relief. Physical examination revealed limited lumbar range of motion, decreased strength, sensation deficit in the left L5 and S1 distribution, and positive straight leg raising on the left. Treatment recommendations included a second epidural steroid injection at L5-S1 and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar one level right L5-S1epidural steroid injection, 2nd injection: 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 Chronic Pain Medical Treatment Guidelines, Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by

imaging studies and/or electrodiagnostic testing. As per the clinical documentation submitted, the patient has previously undergone an epidural steroid injection. Documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks following the initial injection was not provided. There is also no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the request for 1 lumbar one level right L5-S1 epidural steroid injection, 2nd injection is non-certified.

Celebrex: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Celebrex is used for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent low back and knee pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request for Celebrex is non-certified.

Soma: 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 Chronic Pain Medical Treatment Guidelines Page(s): 63-66-124.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than a 2 to 3 week period. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to report bilateral lumbar paraspinous muscle spasm. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request for Soma is non-certified

Lidoderm patch: 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 Chronic Pain Medical Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not meet criteria for the use of a topical analgesic. As such, the request is non-certified