

<b>Case Number:</b>	CM13-0044812		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/17/1996
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, 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 57-year-old male who reported a work-related injury on 5/17/96. The specific mechanism of injury was not stated. The patient is status post an L4-5 discectomy, L4-5 and L5-S1 interbody fusion posterior lateral fusion, and L5-S1 foraminotomy, as of 1997. The clinical note dated 9/27/13 reports that the patient was seen under the care of [REDACTED]. The provider documents the patient states past injections to the lumbar spine decreased his pain for 50% times six months. The provider documents that the patient utilizes etodolac for his bilateral knee and low back inflammation and pain which has been extremely helpful. The patient utilizes the following medication regimen: Lidoderm patch, Carisoprodol, Norco, etodolac, Ambien, Depakote, Effexor, hydroxyzine, Klonopin, Lexapro, Omeprazole, Remeron, Xanax, and Cymbalta. The provider documented upon physical exam of the patient tenderness and tight muscle band was noted bilaterally to the lumbar spine, and positive straight leg raise to the left was noted. There was decreased motor strength to the left extensor hallucis longus compared to the right, and decreased sensation was reported along the L5-S1 dermatome. The provider requested refills of the patient's etodolac, Carisoprodol, Norco 10/325, and authorization for an epidural steroid injection at the left L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for left L5-S1 transforaminal epidural steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS indicates that radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. A review of the clinical notes failed to evidence any official imaging studies of the patient's lumbar spine. In addition, the provider documented that the patient has undergone previous injection therapy about the lumbar spine, and the patient reporting positive efficacy. However, quantifiable documentation evidencing objective functional improvement and a decrease in the patient's medication use for 6-8 weeks was not evidenced in the clinical notes reviewed. Given all the above, the request is neither medically necessary nor appropriate.

**300 Carisoprodol 350mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** This medication has not been indicated for long-term use. Carisoprodol is a commonly prescribed centrally acting muscle relaxant whose primary active metabolite meprobamate is a schedule 4 controlled substance. The clinical notes failed to document the patient's duration of use of this medication and the clear efficacy of treatment to support chronic utilization of Carisoprodol for the patient's pain complaints about the lumbar spine. Given the above, the request is not medically necessary or appropriate.

**420 Etodolac 300mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

**Decision rationale:** The documentation provided lacks evidence to support the long-term necessity of etodolac for the patient's pain complaints. The California MTUS indicates that etodolac is in the non-selective NSAID drug class with a mechanism of action to address anti-inflammation and pain or analgesia. Given the lack of documentation of quantifiable evidence of increased objective functionality and decrease in rate of pain on a VAS scale, the current request is not supported. Additionally, as the provider documented the patient utilizes one tab by mouth twice a day, the request for a quantity of 420 tablets is excessive in nature. Given all the above, the request is not medically necessary or appropriate.

