

Case Number:	CM13-0049083		
Date Assigned:	12/27/2013	Date of Injury:	01/17/2003
Decision Date:	03/13/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

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 45-year-old male who reported an injury on 01/17/2003. The mechanism of injury was not provided in the medical records. His treatment to date is unclear; however, it is known that he has received epidural steroid injections to the lumbar spine with benefit and maintains a home exercise program. The most recent clinical note submitted for review is dated 09/24/2013 and revealed that the patient had restricted lumbar range of motion and positive straight leg raise on the left. There was also a decrease in sensation at the left L4-5 dermatome; no other objective measurements were obtained. Discussion of an MRI of the lumbar spine performed on 01/04/2013 revealed that the patient had a posterior laminectomy and spinal fusion at L5-S1 on an unknown date. A 4 mm left posterolateral disc protrusion and disc osteophyte complex was present at L5-S1 and mild disc degeneration at L4-5 with a 2 to 3 mm disc protrusion and mild facet joint arthropathy. This note also states that the patient has had 5 prior back surgeries and continues to experience chronic low back pain. The patient's current medications were noted to be Norco 7.5/325 mg, 1 tablet 4 times a day; Lyrica 75 mg, 1 tablet twice a day; Robaxin 500 mg, 1 tablet twice a day as needed for spasms; and Sonata 5 mg, 1 tab at night for sleep. There was no other clinical information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty (60) Robaxin 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines recommend non-sedating muscle relaxants are recommended with caution as a second-line option for treating short-term exacerbations of chronic low back pain. The clinical information submitted for review provided evidence that the patient has been utilizing Robaxin on a regular basis since at least 10/2012. None of these subsequent clinical notes detail the effect that this medication has on the patient's conditions; there was no mention of the presence of muscle spasms in any of the clinical notes. Although the patient has decreased his use of the medication from 4 times a day to 1 to 2 times a day since 10/2013, the length of use clearly exceeds the guideline recommendations of short term use. As such, the medical necessity of this treatment has not been established, and the request for 60 Robaxin 500 mg is non-certified.

Sixty (60) Sonata 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of sleep aids; therefore, the Official Disability Guidelines were supplemented. ODG states that pharmacologic options should be limited for short-term treatment of insomnia. Sonata, in particular, is a non-benzodiazepine sedative/hypnotic that has a potential for abuse. When treating insomnia, the physician should address specific components of sleep to include sleep onset, sleep maintenance, sleep quality, and next day functioning. The clinical information submitted for review did not provide any objective information regarding the effect the Sonata has on the patient's sleep habits. There was no discussion of changes in sleep onset, maintenance, quality, or next-day functioning. Without this information, medication efficacy cannot be determined. As such, the request for 60 Sonata 5 mg is non-certified.

Twenty (20) Promethazine HCL 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of anti-emetics; therefore, the Official Disability Guidelines were supplemented. ODG does not recommend the use of anti-emetics for nausea and vomiting secondary to chronic opioid use. Promethazine in particular is recommended as a sedative and anti-emetic in preoperative and postoperative situations. Long-term use of this medication can cause choreoathetoid movements of the extremities, and in some cases, may be irreversible. The clinical notes submitted for review provide evidence that the patient has been utilizing promethazine since at least 10/2012. This length of use can increase the side effects of this medication, and furthermore, there is no evidence to support any 1 treatment for opioid-induced nausea and chronic non-malignant pain patients. As such, the request for 20 promethazine HCl 25 mg is non-certified.

Lumbar epidural injection bilaterally L4-5 transforaminal approach and a left L5-S1 transforaminal approach: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM guidelines recommend epidural steroid injections for patients suffering from radiculopathy that is documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. The patient must also be initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. For repeat injections, guidelines state that objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, should be provided for review. The clinical information submitted for review discussed the patient's prior successful treatment with epidural steroid injections; however, there was no objective documentation supporting this claim. As guidelines clearly state that objective documentation must be provided, the medical necessity of this request cannot be determined. As such, the request for a lumbar epidural steroid injection bilaterally L4-5, transforaminal approach; and L5-S1, transforaminal approach, is non-certified.