

Case Number:	CM13-0049684		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2013
Decision Date:	05/27/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 patient is a 32 year old male injured on 01/14/13 when he was lifting wet laundry and felt a pop in the low back resulting in ongoing low back pain, right more so than left, buttock, and hip pain. X-ray of the lumbar spine performed on 02/11/13 revealed a normal lumbar spine series without abnormalities. MRI of the lumbar spine performed on 04/27/13 revealed minimal to mild disc bulging at L3-4, L4-5, and L5-S1; neural encroachment is minimal bilaterally at L2-3, mild left and minimal right at L3-4, and minimal bilateral at L4-5 and L5-S1; facet joints demonstrate mild degenerative changes at L1-2, L2-3, L3-4, moderate at L4-5, and minimal at L5-S1. EMG/NCV performed on 11/07/13 indicated bilateral lower extremity nerve conduction study revealed no evidence of peripheral neuropathy and no evidence of lumbar radiculopathy. The clinical documentation indicates the patient underwent conservative treatment to include chiropractic treatment and medication management. The most recent clinical documentation dated 11/20/13 indicates the patient presented with continued complaints of low back pain with radiation down into the lower extremity, posteriorly, right side greater than left. The patient rated his pain at 10/10 in severity. Physical examination of the lumbar spine revealed standing positive straight leg raise on the right causing shooting pain into the posterolateral low back and buttock and lower extremity, greater pain on lumbar flexion than extension, more severely though for the forward flexion. It was noted some pain on hip twisting as well as asymmetry for strength and sensation in the lower extremity. Current diagnoses include lumbar strain/sprain, discogenic pain, facet syndrome, chronic pain syndrome, lumbosacral radiculopathy, and lumbar spinal stenosis. Current medications include Ambien 5mg, Cyclogaba cream, Gabapentin 100mg, Lortab 10/500mg, Naproxen 550mg, Pentoprazole 20mg, and Topiramate 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE L5-S1 SELECTIVE EPIDURAL BLOCK X2: Upheld

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

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

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. MRI indicated that there was minimal degenerative changes at L5-S1. EMG/NCV performed on 11/07/13 indicated bilateral lower revealed no evidence of peripheral neuropathy and no evidence of lumbar radiculopathy. There must also be evidence that the patient must have been unresponsive to conservative treatment to include exercises, physical methods, NSAIDs and muscle relaxants. The documentation indicates the patient has participated in chiropractic and medication management. As such, the request for retrospective L5-S1 Selective Epidural Block X2 is not medically necessary and appropriate.

RETROSPECTIVE NORCO 2.5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of retrospective Norco 2.5/325mg #90 cannot be established at this time therefore the request is not medically necessary and appropriate.

RETROSPECTIVE ORPHENADRINE 100MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62.

Decision rationale: As noted on page 62 of the Chronic Pain Medical Treatment Guidelines, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has exceeded the recommended period for usage. As such, the request for retrospective Orphenadrine 100mg #90 is not medically necessary and appropriate.

RETROSPECTIVE AMBIEN 5MG #30: 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).

Decision rationale: As noted in the Pain Chapter of the Official Disability Guidelines - Online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. The clinical documentation indicates the patient has been prescribed the medication for long-term use. As such, the request for retrospective Ambien 5mg #30 is not medically necessary and appropriate this time.