

Case Number:	CM13-0051996		
Date Assigned:	12/27/2013	Date of Injury:	04/09/2012
Decision Date:	05/06/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation 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 injured worker is a 58-year-old female who reported an injury on April 09, 2012. Current diagnoses include lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc, degeneration of the lumbosacral intervertebral disc, lumbago, thoracic/lumbar neuritis or radiculitis, spasm, and unspecified myalgia and myositis. The injured worker was evaluated on October 31, 2013. The injured worker reported 7/10 pain. Current medications include Celebrex 200mg, Nucynta ER 50mg, and Lorzone 750mg. Physical examination revealed limited range of motion with tenderness and spasming in the paralumbar muscles, positive straight leg raising, and decrease patellar reflex. Treatment recommendations at that time included a retrial of Nucynta ER 50mg, continuation of Celebrex and Lorzone, and an L3-4 transforaminal epidural steroid injection. It is noted that the patient underwent a lumbar MRI on May 29, 2012, which indicated a 4mm diffuse disc bulge at L3-4 without evidence of central canal stenosis or neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF NUCYNTA ER 50mg, # 60: 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) for Pain regarding Tapentadol (Nucynta®).

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines did not specifically address the requested medication. Official Disability Guidelines state Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first opioids. The injured worker does not appear to meet criteria for the requested medication. There is no indication that this injured worker has developed intolerable adverse effects with first line opioids. Therefore, the request is non-certified.

TRIAL OF CELEBREX 200MG, #60:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

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

Decision rationale: The California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. While it is noted that a trial of Celebrex provided relief of symptoms, the injured worker presented on October 31, 2013 with severe pain, activity limitation, and poor sleep quality. Without evidence of objective functional improvement, ongoing use cannot be determined as medically appropriate. There is also no frequency listed in the current request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

TRIAL OF LORZONE 750MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead dependence. While it is noted that the trial of Lorzone provided improvement in symptoms, there is no evidence of objective functional improvement. The injured worker reported on October 31, 2013 with severe pain, activity limitation and poor sleep quality. The injured worker continued to demonstrate tenderness to palpation with spasm in the paraspinal muscles. There is also no frequency listed in the current request. As such, the request is non-certified.

INTERLAMINAR EPIDURAL STEROID INJECTION (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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. As per the documentation submitted, the injured worker does demonstrate positive straight leg raising with decrease patellar reflex. However, there is no evidence of radiculopathy upon imaging study. There is also no evidence of an unresponsiveness to recent conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.