

Case Number:	CM13-0062715		
Date Assigned:	05/02/2014	Date of Injury:	11/10/2003
Decision Date:	07/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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 injured worker is a 49 year old male who reported an injury on 11/10/2003. Per the clinical note dated 11/15/2013 the injured worker reported low back pain rated 9/10 radiating to the left lower extremity. Upon physical exam the injured worker was reported to have a positive straight leg raise, gluteal tenderness, greater trochanteric tenderness, paravertebral muscle spasm, and increased pain with range of motion. Diagnoses for the injured worker included lumbar/thoracic radiculopathy, lumbar disc herniation, and other symptoms referable to the back. The request for authorization for medical treatment was dated 11/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-L5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION (TFESI) TIMES (X) THREE (3): Upheld

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

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

Decision rationale: Per CA MTUS Guidelines epidural steroid injection is recommended as an option for treatment of radicular pain. The radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The guidelines further state that current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, current guidelines recommend no more than 2 ESI injections. Epidural steroid injection can offer short term pain relief and should be used in conjunction with other rehab efforts, including continuing a home exercise program. There is a lack of documentation regarding any imaging or electrodiagnostic studies to warrant the use of an epidural steroid injection for the injured worker. There is a lack of objective physical findings regarding the injured worker's radiculopathy. In addition the guidelines do not recommend a series of three injections. Therefore the request for the bilateral L4-L5 and L5-S1 transforaminal epidural steroid injections times 3 is not medically necessary and appropriate.

CELEXA 20 MILLIGRAMS (MG) NUMBER (#) THIRTY (30): 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 NSAID'S, GI SYMPTOMS, SSRI'S Page(s): 69, 107.

Decision rationale: Per CA MTUS guidelines state that Celexa is not recommended as a treatment for chronic pain, as more information is needed regarding the role of Selective Serotonin Reuptake Inhibitors (SSRIs) and pain. In addition, SSRIs have not been shown to be effective for low back pain. There is a lack of documentation regarding the injured worker's use of this medication. There is a lack of documentation regarding depression in the injured worker. The guidelines state this medication has not been shown to be effective in low back pain. Therefore, the request for Celexa 20 mg, #30 is not medically necessary and appropriate.

NORCO 10/325 MILLIGRAMS (MG) NUMBER (#) SIXTY (60): 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 OPIOIDS Page(s): 74-80.

Decision rationale: Per CA MTUS Guidelines short-acting opioids are seen as an effective method in controlling chronic pain and are often used for intermittent or breakthrough pain. However, the guidelines state for continuous pain extended-release opioids are recommended. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding objective physical or functional increases in the injured worker while using this medication. In addition,

there is a lack of documentation regarding the efficacy of the medication. Therefore, the request for Norco 10/325mg #60 is not medically necessary and appropriate.

RANITIDINE 150 MILLIGRAMS (MG) NUMBER (#) SIXTY (60): 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 NSAID'S, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: Per CA MTUS guidelines to determine if the patient is at risk for gastrointestinal events consider the following information, is the person greater than 65 years of age, is there a history of peptic ulcer, GI bleeding or perforation, is there concurrent use of ASA, corticosteroids, and/or an anticoagulant, or is there a high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines further state recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is a lack of documentation that the injured worker had a history of peptic ulcer, a GI bleed or a perforation that would require treatment with this medication. In addition, the injured worker is not over the age of 65. Therefore, the request for Ranitidine 150mg #60 is non-medically necessary and appropriate.

ROBAXIN 500 MILLIGRAMS (MG) NUMBER (#) THIRTY (30): 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 MUSCLE RELAXANTS Page(s): 63, 65.

Decision rationale: The CA MTUS 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, and 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. There is a lack of documentation regarding the current use and efficacy of this medication for the injured worker. In addition, it is unclear how long the injured worker has already utilized this perscription as the guidelines state it is for short term use. Therefore, the request for Robaxin 500mg #30 is not medically necessary and appropriate.