

Case Number:	CM13-0066545		
Date Assigned:	01/03/2014	Date of Injury:	09/09/2004
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/16/2013

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 and 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 53-year-old who reported an injury on 09/09/2004. The mechanism of injury was noted to be the patient slipped and fell backwards onto her buttocks, and as she fell, a child was behind her and the patient twisted to the left so she would not fall on the child, and as she did so, she put her left arm out to try and stop the fall but was unable to do so. The patient was treated with chiropractic care, physical therapy, injections, shoulder surgical intervention, and a lumbar medial branch block. The patient's medication history includes Norco, Lyrica, and Baclofen as of 2012. The documentation of 10/30/2013, revealed the patient had a lumbar MRI without contrast on 07/19/2012, which showed trace anterolisthesis of L4-5 secondary to posterior facet arthropathy. It was indicated that this was new compared to the examination. The physical examination revealed the patient had positive facet joint pain. The patient had tenderness to palpation of the lumbar paraspinal muscles. The patient had positive tenderness to palpation of the piriformis muscles. The patient had normal strength and normal sensation examinations. The patient's reflexes were noted to be diminished at the patellar reflex L4, and Achilles reflex S1 bilaterally. The patient's straight leg raise was positive on the right. The diagnoses were noted to include lumbar radiculopathy. The request was made for medication refills including Percocet, Lyrica, and Baclofen, and for a lumbar epidural at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar interlaminar epidural steroid injection (ESI) at L5-S1: 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 Chronic Pain Medical Treatment Guidelines recommend an epidural steroid injection for patients with documented radiculopathy upon objective physical examination that is corroborated by imaging studies, and that is initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had objective findings upon physical examination. The office note dated 10/30/2013, indicated the patient had a previous MRI. However, the official read of the MRI was not provided for review. Additionally, there was a lack of documentation indicating the patient was initially unresponsive to conservative treatment. The request for one lumbar interlaminar epidural steroid injection at L5-S1 is not medically necessary or appropriate.

One prescription of Percocet 10/325 mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section, page 60, and the Ongoing Management Section Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS (visual analog scale) score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. The patient indicated that nothing improves the patient's pain. The patient indicated they had no relief with NSAIDs (non-steroidal anti-inflammatory drugs), muscle relaxants, or surgery. There was a lack of documentation of an objective improvement in function, objective decrease in the VAS score, and evidence the patient was being monitored for aberrant drug behavior and side effects. The request for one prescription of Percocet 10/325 mg, 90 count, is not medically necessary or appropriate.

One prescription of Lyrica 75 mg, 30 count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Section Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. The patient indicated that their low back pain was radiating down the left lower extremity. The patient indicated that nothing improves the patient's pain. The patient indicated they had no relief with NSAIDs, muscle relaxants, or surgery. As such, there was a lack of an objective decrease in the pain and objective functional improvement. The request for one prescription of Lyrica 75 mg, 30 count with one refill, is not medically necessary or appropriate.

One prescription of Baclofen 10 mg, 60 count with one refill: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The clinical documentation submitted for review indicated the patient had been on the medication since 2012. The patient indicated that nothing improves the patient's pain. The patient indicated they had no relief with NSAIDs, muscle relaxants, or surgery. The request for one prescription of Baclofen 10 mg, 60 count with one refill, is not medically necessary or appropriate.