

Case Number:	CM13-0072364		
Date Assigned:	01/08/2014	Date of Injury:	04/20/2001
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in California 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 46 year old male with a reported date of injury on 04/20/2001. The worker's injury occurred when he lifted a heavy box on 09/20/2000 and on 04/20/2001, then he started having pain in the lumbar spine that worsened over the years. A progress note dated 12/27/2013 noted the injured worker's pain was severe low back pain that moves across to bilateral buttock and bilateral groin. The pain was sharp, shooting, stabbing, and burning in nature with a rating of 7/10. The progress note also states there was bilateral lumbar facet tenderness at L3-L4 and L4-L5 level. The neurological examination was normal and no evidence of lumbar radiculopathy. The diagnoses on the progress note were lumbar spondylosis, bilateral lumbar facet syndrome, mechanical low back pain, and failed conservative therapies for pain control (physical therapy modalities, chiropractic treatment, anti-inflammatory medications and muscle relaxants). The request for authorization form was submitted on 12/12/2013 for a right lumbar transforaminal epidural injection under fluoroscopy for right lumbosacral radiculitis, status post fusion L5-S1. The request for authorization form for Norco 10mg, Lyrica 50mg, and Zanaflex 4mg was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT LUMBAR TRANSFORAMINAL EPIDURAL INJECTION AT L5-S1 UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and 309.

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

Decision rationale: The request for a right lumbar transforaminal epidural injection at L5-S1 under fluoroscopy is not medically necessary. The injured worker complains of low back pain that moves across bilateral buttock and bilateral groin. According to the California Chronic Pain Medical Treatment guidelines 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. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The last MRI was performed in 2000 and at that time there was no evidence of radiculopathy. The progress notes from 12/10/2013 stated the injured worker had lumbosacral radiculitis with neuroclaudication and a positive straight leg to the right leg. The progress note from 12/27/2013 states there is no evidence of radiculopathy. The injured worker has not tried conservative treatment since more than 6 months ago; and the last time the injured worker had an epidural steroid injection in 2011 he states it did not work. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF NORCO 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Opioids.

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

Decision rationale: The request for Norco 10mg is not medically necessary. The injured worker complains of low back pain that moves across bilateral buttock and bilateral groin. According to the California Chronic Pain Medical Treatment guidelines short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as breakthrough pain. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker has stated he is using alcohol and borrowing medication from his friends or family according to 12/10/2013 progress note. In addition, there is not a quantity on the request. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF LYRICA 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Agents Page(s): 19.

Decision rationale: The request for Lyrica 5mg is not medically necessary. The injured worker complained of low back pain that moves across his bilateral buttocks and bilateral groin. According to the California Pain Medical Treatment guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for neuropathic pain. The latest progress note states the injured worker's pain level is still at a 7/10. The progress note from 12/10/2013 reported the injured worker had been using alcohol and borrowing medications from friends and family. In addition, there is not a quantity on the request. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF ZANAFLEX 4MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

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

Decision rationale: The request for Zanaflex 4mg is not medically necessary. The injured worker complain of low back pain that moves across his bilateral buttocks and bilateral groin. The California 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 injured worker has admitted to using alcohol and borrowing medications from family and friends. Muscle relaxants are to be used as a second line treatment form. In addition, there is not a quantity on the request. Therefore, the request is not medically necessary.