MAXIMUS Federal Services

Case Number:	CM14-0009708		
Date Assigned:	05/30/2014	Date of Injury:	01/15/2013
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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, has a subspecialty in Pain Medicine 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 injured worker is a 61 year old female who sustained an injury on 01/15/13 when she tripped and fell landing on her hands and knees. The injured worker has been followed for multiple complaints to include pain in the low back as well as the bilateral knees. Prior treatment has included multiple trigger point injections as well as epidural steroid injections. Previous medication use included Naproxen, Omeprazole and Flexeril. Further series of epidural steroid injections were recommended in January of 2014. The injured worker was seen on 04/11/14 with recent completion of physical therapy for the left knee. The injured worker continued to describe pain in the bilateral trapezii. Physical examination noted tenderness to palpation in the bilateral knees. Straight leg raise was reported as positive bilaterally. Trigger points in the bilateral trapezii were noted with associated spasms. The injured worker was recommended to continue with Naprosyn, Omeprazole, Flexeril and Neurontin at this evaluation. Follow up on 06/02/14 noted the injured worker had continued to attend physical therapy for an additional 10 sessions. Physical examination findings remained unchanged. The prescription for Neurontin was discontinued at this evaluation and the injured worker was prescribed Menthoderm topical analgesic. The requested epidural steroid injections to the right at L4, L5, and S1 (2nd injection), Omeprazole, Naproxen and Flexeril were all denied by utilization review on 01/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4, LEFT L5, AND RIGHT SACROILIAC EPIDURAL STEROID INJECTION, #2: 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: In regards to the request for the 2nd series of epidural steroid injections to the right from L4 through S1, this reviewer would not have recommended this request as medically necessary. The injured worker's physical examination findings were non-specific for any clear radiculopathy stemming from the L4 through S1 levels to support further epidural steroid injections. Guidelines also do not recommend multi-level lumbar epidural steroid injections at more than 2 levels. Given that the request and clinical documentation does not support the use of epidural steroid injections and as there is a lack of imaging identifying any neurocompressive lesions in the lumbar spine.Therefore, the request for right L4, left L5, and right sacroiliac epidural steroid injection, #2 is not medically necessary.

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI SYMPTOMS & CARDIOVASCULAR RISK.

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

Decision rationale: In regards to the use of Omeprazole, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Furthermore, the request is non-specific in regards to dose, quantity, duration, or frequency. Given the lack of any clinical indication for the use of a proton pump inhibitor, the request for Omeprazole is not medically necessary.

NAPROXEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. Furthermore, the request is non-specific in regards to dose, quantity, duration, or frequency. As such, the injured worker could reasonably transition to a over-the-counter medication for pain. Based on the clinical documentation provided for review and current evidence based guideline recommendations, the request for Naproxen is not medically necessary.

FLEXERIL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbations of chronic pain or any evidence of a recent acute injury. Furthermore, the request is non-specific in regards to dose, quantity, duration, or frequency. Based on the clinical documentation provided for review and current evidence based guideline recommendations, the request for Flexeril is not medically necessary.