MAXIMUS Federal Services

Case Number:	CM14-0011663		
Date Assigned:	03/12/2014	Date of Injury:	06/03/2011
Decision Date:	08/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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 patient is a 31-year-old female who has submitted a claim for cervical and lumbar radiculopathy associated with an industrial injury date of 06/03/2011. Medical records from 2012 to 2014 were reviewed and showed that patient complained of neck pain radiating to the bilateral upper extremities, low back pain radiating to the bilateral lower extremities. Pain was graded 6/10 with medications, and 9/10 without medications. Pain increased with activity. Physical examination showed that patient was in moderate distress, and had an antalgic gait. Tenderness was noted in the paraspinal vertebral area at L4-S1 levels. Range of motion of the lumbar spine was limited by pain. Straight leg raise test was positive bilaterally. Motor testing showed weakness of the extensor muscles along the L4-S1 dermatomes bilaterally. Sensation was decreased along the L5 dermatome bilaterally. MRI of the lumbar spine, dated 02/20/2012, showed mild disc desiccation and mild broad-based bulge with stenosis at L4-L5 and L5-S1. Treatment to date has included medications, and physical therapy. Utilization review, dated 01/09/2014, denied the request for epidural steroid injection because there was no evidence of nerve root compression or impingement on MRI, or evidence of radiculopathy on EMG/NCV; denied the request for butalbital because guidelines do not recommend the use of barbiturates in the treatment of pain; and denied the request for cyclobenzaprine because there was no acute exacerbation or muscles spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL INJECTION L4-S1: Upheld

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

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

Decision rationale: As stated on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications and physical therapy. Physical examination showed a bilaterally positive straight leg raise test, hypoesthesia and weakness in the bilateral lower extremities. However, MRI of the lumbar spine, dated 02/20/2012, failed to show significant neural foraminal stenosis or nerve root compression. The criteria for ESI have not been met. Therefore, the request for bilateral transforaminal epidural injection L4-S1 is not medically necessary.

BUTALBITAL: 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 : Barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: As stated on page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, the patient was prescribed Butalbital for headaches. however, guidelines do not recommend its use. Moreover, the present request as submitted failed to specify the dosage and the number to be dispensed. Therefore, the request for Butalbital is not medically necessary.

CYCLOBENZAPRINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Flexeril since at least June 2012. The medical records submitted for review do not show objective evidence of functional benefits of Flexeril use. Furthermore, long-term use of Flexeril is not recommended. Lastly, the present request as submitted failed to specify the dosage and the number to be dispensed. Therefore, the request for Cyclobenzaprine is not medically necessary.