

Case Number:	CM14-0016576		
Date Assigned:	03/05/2014	Date of Injury:	10/01/2013
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, 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 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 58-year-old male who reported a repetitive strain injury on 10/01/2013. The current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis. The injured worker was evaluated on 03/02/2014. The injured worker reported 7/10 lower back pain with radiation to bilateral lower extremities. The injured worker reported improvement in symptoms with physical therapy. Physical examination revealed limited lumbar range of motion, positive straight leg raising, normal bulk, tone and strength, and intact sensation. The treatment recommendations at that time included an appeal request for a lumbar epidural steroid injection at L5-S1. It is noted that the injured worker underwent an MRI (magnetic resonance imaging) of the lumbar spine on 10/12/2013, which indicated disc bulge and hypertrophic changes of the endplates and anterior facet joints at L5-S1 with mild spinal canal and neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L5-S1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. The injured worker's physical examination on the requesting date revealed intact sensation and normal strength in bilateral lower extremities. There is no evidence of radiculopathy upon physical examination. There is also no documentation of a failure to respond to conservative treatment. The injured worker reported improvement in symptoms with physical therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There is no strength, frequency, or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no strength, frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.

IBUPROFEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is not strength, frequency or quantity listed in the current request. Therefore, the request is non-certified.

GABAPENTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state anti-epileptic drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia. There is no strength, frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.