

Case Number:	CM14-0018934		
Date Assigned:	04/23/2014	Date of Injury:	03/08/2013
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 43-year-old female who was injured on March 8, 2013 from falling backwards on uneven surface. The claimant is documented as having a history of lupus. The claimant last worked the day of the injury. An MRI the lumbar spine was obtained on April 29, 2013 and documents multilevel degenerative changes with disc bulges that mildly impressed on the sack and mild bilateral neuroforaminal narrowing at L4-5. The December 18, 2013 clinical note reviews and MRI of the lumbar spine obtained on April 29, 2013 which documents disc protrusions at T6-T11. No nerve root compression is documented on this review. The subsequent clinical note from December 19, 2013 documents no complaints of thoracic pain. Lumbar pain is rated as 8-10/10 in particular worse with repositioning. Pain is documented as rating down both lower extremities with associated numbness, tingling, burning, and spasm. The claimant denies having undergone any injections since the initial injury. The physical examination documents positive Spurling sign bilaterally, decrease of lordosis, decrease cervical range of motion, and muscle spasm extending to both trapezi from the cervical paraspinous musculature. The clinician notes diminished sensation bilaterally in a C6 dermatomal distribution. The clinician documents tenderness and spasm at T6-T9. The lumbar spine demonstrates tenderness to palpation of the lumbar paraspinous musculature and facets. There is tenderness of the sacroiliac joints, a positive Patrick's test, a positive straight leg raise bilaterally, and diminished lumbar range of motion. In the discussion on this note the clinician indicates that there are thoracic radicular symptoms, although there are no subjective complaints or objective findings document to support this assertion. The utilization review in question was rendered on January 23, 2014. The reviewer noncertified request for thoracic selective epidural catheterization of the T7-T9 epidural interspace, bilateral L4-L5 transforaminal epidural steroid injections, Duragesic patches, Oxycodone, Fexmid, Quazepam, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC SELECTIVE EPIDURAL CATHETERIZATION OF THE T7-T9 EPIDURAL INTERSPACE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) ONLINE EDITION.

Decision rationale: The ACOEM recommends against the use of epidural injections for the management of chronic radiculopathy in cervicothoracic conditions. Based on the clinical documentation provided, there are no subjective complaints of thoracic radiculopathy or objective findings of thoracic radiculopathy. As such, the request is considered not medically necessary.

BILATERAL L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Overturned

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

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

Decision rationale: The MTUS supports the use of epidural steroid injections in the management of lumbar radiculopathy. Based on the clinical documentation provided, the injection is being utilized as a diagnostic injection. The claimant is documented as being unresponsive to conservative measures including medications, physical therapy, and activity modification. As such, the request is considered medically necessary.

DURAGESIC PATCH 100MCG, Q 72HR: Upheld

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

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

Decision rationale: The MED of the Duragesic patch alone is 240, with the additional prescription of Oxycodone, the claimant's total MED is 300. This is 2.5 times the recommended maximum for non-cancer pain. Additionally, the claimant's pain is noted to be 8-10/10 despite

usage of these medications at this dose. The MTUS supports the use of opiate medications in the management of neuropathic pain. However, when taking into account the lack of documented objective functional improvement, improved pain scores, and current MED the request is considered not medically necessary.

OXYCODONE 10MG, 1 PO Q 4-6 HR #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-96.

Decision rationale: The MED of the Oxycodone alone is 60, with the additional prescription of Duragesic patches, the claimant's total MED is 300. This is 2.5 times the recommended maximum for non-cancer pain. Additionally, the claimant's pain is noted to be 8-10/10 despite usage of these medications at this dose. The MTUS supports the use of opiate medications in the management of neuropathic pain. However, when taking into account the lack of documented objective functional improvement, improved pain scores, and current MED, the request is considered not medically necessary.

FEXMID 7.5MG, 1 PO TID: Upheld

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

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

Decision rationale: The MTUS supports the use of muscle relaxants as a 2nd line option for short-term treatment of acute exacerbations of chronic low back pain. Based on clinical documentation provided, this medication appears to be chronically. As such, the request is considered not medically necessary.

QUAZEPAM 15MG 1 QHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The MTUS recommends against the long-term use of benzodiazepines as long-term efficacy is unproven and there is risk of dependence. Based on clinical documentation provided, the medication appears to be used chronically. As such, the request is considered not medically necessary.

PROTONIX 20MG 1 QD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The MTUS supports the use of proton pump inhibitors in individuals with increased risk of G.I. complications when anti-inflammatories are being utilized. Based on documentation provided, the request for ibuprofen 800milligrams was certified. However, the review on December 19, 2013 does not document any history of gastrointestinal risk factors. It is noted though that the claimant underwent "bypass surgery" and 2004. It is unclear if this was gastric bypass surgery or heart surgery. As such, secondary to lack of documented increased risk of gastrointestinal symptoms the request is considered not medically necessary.