

Case Number:	CM14-0019124		
Date Assigned:	04/23/2014	Date of Injury:	06/03/2011
Decision Date:	07/03/2014	UR Denial Date:	01/31/2014
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 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 radiculopathy, lumbar radiculopathy and other chronic pain associated with an industrial injury date of June 3, 2011. The patient complains of neck pain radiating bilaterally to the upper extremities and low back pain radiating to the bilateral lower extremities. The pain was rated 5/10 with medications and 9/10 without medications. Physical examination of the cervical spine showed limitation of motion and diminished sensation bilaterally. Lumbar examination showed spasm of the bilateral lumbar paraspinal muscles; tenderness over the L4-S1; decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities; and a positive seated straight leg raise bilaterally at 60 degrees. MRI of the lumbar spine obtained on February 20, 2012 revealed mild desiccation and mild broad-based bulge stenosis at L4-5 and L5-S1. The diagnoses include cervical radiculopathy, lumbar radiculopathy and other chronic pain. The treatment plan includes a diagnostic lumbar epidural transforaminal steroid injection because the patient was not responding to conservative treatment; Fioricet (butalbital/APAP/caffeine) for headaches; and Flexeril for muscle spasm/musculoskeletal pain. Treatment to date has included oral analgesics, aquatic therapy, home exercise program, activity modification, acupuncture, physical therapy and cervical ESI. Utilization review from January 31, 2014 denied the requests for bilateral transforaminal epidural injection L4-S1 because there is no evidence of nerve root impingement based on MRI; cyclobenzaprine 7.5mg #30 because there was no evidence of an acute exacerbation or muscle spasm; and butalbital 50/325mg #30 because there was no documentation of tension headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL INJECTION AT L4-S1: 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 Page(s): 46.

Decision rationale: Page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines state the criteria for the use of epidural steroid injections. These include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the imaging studies did not show any nerve root pathology to confirm the presence of radiculopathy. Moreover, the patient has undergone previous physical therapy sessions; however, the response to the treatment was not discussed. There was no objective evidence of failure of conservative management. The guideline criteria were not met. Therefore, the request for BILATERAL TRANSFORAMINAL EPIDURAL INJECTION AT L4-S1 is not medically necessary.

CYCLOBENZAPRINE 7.5MG #30: Upheld

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

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

Decision rationale: Page 63-66 of CA MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the patient was noted to take cyclobenzaprine back in November 2012. The duration of intake was not discussed. The guideline recommended cyclobenzaprine for short term use only. Moreover, there was no documentation of exacerbation of pain or muscle spasm. The medical necessity has not been established. Therefore, the request for CYCLOBENZAPRINE 7.5MG #30 is not medically necessary.

BUTALIBITAL 50-325 40MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: Page 23 of CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain. There is a high potential for drug dependence, and no evidence 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 complains of occipital headache. There is no documentation that the patient has used this medication. According to guidelines, this medication is not recommended for use. Therefore, the request for BUTALBITAL 50-325 40MG #30 is not medically necessary.