

Case Number:	CM14-0131177		
Date Assigned:	08/20/2014	Date of Injury:	04/26/1999
Decision Date:	09/29/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/17/2014

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 59-year-old male who reported an injury on 04/26/1999. Mechanism of injury was not submitted for review. The injured worker has diagnoses of failed laminectomy syndrome and lumbar disc disease. Past medical treatment consists of surgery, epidural injections, physical therapy, psychological evaluations and medication therapy. Medications include Norco, Lidoderm patches, lorazepam, Zanaflex and Lexapro. An EMG dated 10/21/2013 revealed chronic bilateral S1 radiculopathy. CAT scan of the lumbar spine dated 10/10/2013 revealed posterior decompression beginning at L2 extending down to the sacrum. It also revealed degenerative disc disease and joint facet arthropathy above the fused levels. The injured worker has undergone 6 back surgeries. It is not documented what dates or at what levels. On 07/03/2014 the injured worker complained of moderate to severe constant low back pain. Physical examination revealed a 3 plus tender to palpation at the S1 joint. There was a positive pelvic compression exam and a Gaenslen's test. There was no quantified evidence of any range of motion, muscle strength, or sensory deficits. Treatment plan is for the injured worker to undergo additional epidural steroid injections and continue medication which includes lorazepam, Zanaflex, and Voltaren gel. There was no rationale submitted for review. The Request for Authorization form was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-3 Transforaminal Lumbar Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The request for Bilateral L2-3 Transforaminal Lumbar Epidural Steroid Injection (ESI) is not medically necessary. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI: radiculopathy must be documented by physical examination corroborated by imaging studies, by being initially unresponsive to conservative treatment, injections should be performed using fluoroscopy and no more than two nerve root levels should be injected using transforaminal blocks. The clinical note lacked evidence of objective findings of radiculopathy, numbness, weakness and loss of strength. The injured worker did have a diagnosis of radiculopathy. However, there was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods and medications. Furthermore, the submitted reports lacked any indication of the outcome of the injured worker's previous ESI's. Additionally the request as submitted did not indicate the use of fluoroscopy for guidance in the request. As such, the request for Bilateral L2-3 Transforaminal Lumbar Epidural Steroid Injection (ESI) is not medically necessary.

Lorazepam 2mg, #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed lorazepam since at least 07/27/2002: this exceeds the guidelines recommendation for short term therapy. There was also a lack of efficacy of the medication documented in the submitted report to support continuation. Furthermore, the request as submitted lacked a duration and frequency of the medication. As such, based on the documents provided, the request for Lorazepam 2mg, #60 is not medically necessary.

Zanaflex 4mg, #120: 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 (Tizanidine) Page(s): 63 64 66.

Decision rationale: The California MTUS recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in lower back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex) is a centrally acting alpha2 adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Given the above, the request is not within the MTUS guidelines. There was no assessment regarding functional improvement as a result of the medication. There was no evidence of the injured worker having trialed and failed any first line treatment therapy. In addition, there was no mention of a lack of side effects. It was noted in the report that the medication Zanaflex had been used since at least 07/27/2002, but as per guidelines Zanaflex is not recommended for long term use. Plus the efficacy of the medication is diminished over time. Furthermore, the request as submitted did not indicate a frequency or duration of the medication. As such, the request is not supported by the MTUS guideline recommendations given so, the request for Zanaflex 4mg, #120 is not medically necessary.

Voltaren Gel, 100g Tubes (QTY: 3 Tubes): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS Guidelines state that transdermal compounds are a largely experimental in the use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least drug that is not recommended, is not recommended. The guidelines note that topical NSAID's are recommended for osteoarthritis and tendonitis in particular with that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAID's for treatment of osteoarthritis of the spine, hip or shoulder. The injured worker's diagnosis was not congruent with the guideline recommendations for topical NSAID's. Furthermore, the request as submitted did not specify a duration or a frequency of the medication. Additionally, the request did not also specify a location for which the gel would be used. As such, the request for Voltaren Gel, 100g Tubes (QTY: 3 Tubes) is not medically necessary.