

Case Number:	CM14-0152540		
Date Assigned:	10/23/2014	Date of Injury:	03/13/2000
Decision Date:	12/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work between the dates of March 13, 2000, through March 15, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; and anxiolytic medications. In a utilization review report dated September 9, 2014, the claims administrator denied an epidural steroid injection, denied Norco, partially approved temazepam, denied a TENS unit, partially approved Soma, and conditionally denied omeprazole. The claims administrator posited that the applicant had had multiple prior epidural steroid injections in January 2011, September 2011, and May 2012, generating only fleeting pain relief. The applicant's attorney subsequently appealed. In an August 20, 2014, progress note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 8/10. The applicant stated that his pain was constant. The applicant last worked in June 2000, it was acknowledged. The applicant had had multiple epidural injections, it was acknowledged, but was presently using Norco six tablets daily, Restoril nightly, Soma twice daily, and Prilosec once daily. The applicant was having difficulty with standing, walking, bending, kneeling, and moving, it was acknowledged. Multiple medications were refilled. The applicant was asked to continue permanent work restrictions, which the employer was apparently unable to accommodate. It appeared the applicant was also apparently asked to obtain a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforminal Epidural Steroid Injection at right L4, L5 and S1: 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 in question does represent a repeat epidural steroid injection, the attending provider has acknowledged. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off work. The applicant last worked some 14 years prior. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite multiple prior epidural steroid injections over the course of the claim. Therefore, the request for a repeat epidural steroid injection is not medically necessary.

Temazepam 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Temazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appeared that the attending provider and/or applicant were intent on employing Temazepam (Restoril) for chronic, long-term, and scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for Temazepam. Therefore, the request is not medically necessary.

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial,

in terms of both pain relief and function. In this case, however, the attending provider has seemingly sought authorization for a TENS unit purchase without pursuing and/or documenting a successful one-month trial of the same. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic, long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, concurrently employing Norco, an opioid agent. Usage of Soma (carisoprodol) in conjunction with Norco is not recommended, per page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, particularly for the long-term use purposes for which it is seemingly being employed here. Therefore, the request is not medically necessary.