MAXIMUS Federal Services

Case Number:	CM14-0153824		
Date Assigned:	09/23/2014	Date of Injury:	01/25/2008
Decision Date:	10/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 Physical Medicine and Rehabilitation and Pain 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:

This is a 62-year-old male patient who sustained an industrial injury on 01/25/2008. Patient is diagnosed with spinal stenosis, spondylolisthesis at L4-5 and L5-S1 and bilateral radiculopathy. Previous treatment has included physical therapy, occupational therapy, acupuncture, chiropractic treatment, injections, and medications. MRI of the lumbar spine dated 02/05/14 revealed moderate foraminal stenosis based on intraforaminal discogenic and facet disease bilaterally at L4-5 and L5-S1 and on the left at L3-4. The patient's conus his low-lying at the level of L2 but there are no associated congenital anomalies. Progress note dated 04/02/14 indicates the patient was status post 2 lumbar epidural steroid injections, one in January and one in February, both with sedation, both of which helped significantly with 100% relief of his right-sided pain and over 50% relief of left-sided pain. The pain has now returned. The provider requested authorization for a left L4-5 transforaminal epidural steroid injection with IV sedation. On 04/24/14, the provider submitted a supplemental report indicating that although the patient has no physical exam findings of neurological deficit, a transforaminal epidural injection is still requested just to calm down nerve root inflammation. Progress note dated 08/20/14 noted the patient continues to have pain from his back down the back of his legs and into the left ankle and right calf. He is able to go about all of his basic daily activities, including work, but has difficulty with his commute as well as any extra household chores. This is causing him to have to take increased pain medication including anti-inflammatory medication and Soma. It was reported he had epidural steroid injections which provided 100% relief of right leg pain and 50% relief of left leg pain. On physical examination, gait is reciprocating and nonantalgic. Strength shows focal weakness in the right ankle dorsiflexion at 4/5 and eversion at 5-/5. Left ankle dorsiflexion was 5-/5. Deep tendon reflexes were normal and symmetric bilaterally, although 1+ and slightly decreased. It was recommended the patient received bilateral L5-S1 transforaminal

epidural steroid injections. Soma and Diclofenac were refilled (dose, quantity, and frequency not specified). Requests for bilateral L5-S1 transforaminal epidural steroid injections, refill Soma, and refill Diclofenac were nonsurgical at a utilization review on 08/29/14. The reviewing physician noted that regarding the epidural steroid injections, guidelines indicate no more than 2 ESI injections are recommended, which the patient has previously had 4 low back pain 6 years after injury. Regarding Soma, guidelines indicate this medication is not indicated for long-term use and guidelines do not recommend Soma, which is prone to dependency. Regarding Diclofenac, the patient reports low back pain 6 years after the injury and although may be a candidate for using his medications for flare-ups, the quantity of Diclofenac was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bialteral L5-S1 Transforminal Epidural Injections: Upheld

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

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

Decision rationale: The CA MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. Repeat epidural steroid injections can be an option when there is documented greater than 50% pain relief for six to eight weeks, documentation of objective functional improvement and a reduction in medication usage. MTUS also states "Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In this case, although records indicate the patient has previously undergone 2 lumbar epidural steroid injections with greater than 50% pain relief, duration of benefit is not documented, nor is there any description of associated functional benefit or reduction in medication use. Guidelines recommend no more than two ESIs be performed, which have been completed. Thus, the requested bilateral L5-S1 transforaminal epidural injections are not medically necessary.

Refill Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (Soma) Page(s): 29.

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

Decision rationale: The CA MTUS indicates 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 low back pain, typically no more than 4 weeks in duration. Efficacy appears to diminish over time, and prolonged use of some medications in this class may

lead to dependence. Additionally, Soma is not recommended for use as this medication is highly addictive and there are other alternative, less addictive options available. There is no indication this patient is currently experiencing an acute flare-up of symptoms, most recent progress notes do not identify the presence of spasticity and chronic muscle relaxant use is not supported by guidelines. Additionally, the requested dose, frequency, and quantity is not specified. Therefore, refill Soma is not medically necessary.

Refill Diclofenac: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The patient has chronic pain from an injury sustained in 2008. Long-term use of NSAIDs is not recommended. Documentation does not identify failure of first-line over-the-counter nonsteroidal anti-inflammatories or acetaminophen. The medical records do not clearly establish when this medication was started or duration of treatment. Additionally, the requested dose, frequency, and quantity is not specified. The requested Refill Diclofenac is not medically necessary.