

Case Number:	CM14-0155369		
Date Assigned:	09/24/2014	Date of Injury:	12/18/2009
Decision Date:	11/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/17/2014

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 45-year-old male who reported an injury on 12/18/2009. The mechanism of injury was not provided. The injured worker's diagnoses included right L2 radiculopathy with right lower extremity weakness, central disc protrusion at L2-3, lumbar stenosis, lumbar facet joint arthropathy, lumbar sprain/strain and right ear acoustic neuroma. The injured worker's past treatments included physical therapy, medications and epidural steroid injections. The injured worker's diagnostic testing included an MRI of the thoracic spine. He was noted to have no significant central canal or neural foraminal narrowing on 02/24/2014. There were no relevant surgeries noted. On 08/19/2014, the injured worker was evaluated for right upper lumbar back pain radiating into the right buttock, right intercostals, right groin and right medial thigh. The injured worker reported aggravated bilateral low back pain with bilateral lower extremity radicular symptoms. The injured worker reported a pain of 8/10 on the pain scale. Upon physical examination, the injured worker was noted with restricted lumbar range of motion in all directions due to pain. Lumbar discogenic provocative maneuvers were positive. He was noted with muscle strength 5/5 in the bilateral lower extremities except for 4/5 strength in the bilateral iliopsoas. The injured worker's current medications included Flexeril 10 mg, Motrin 800 mg, Norco 10/325 mg, and Cymbalta. The request was for bilateral TFESI L2-3 to treat the injured worker's aggravated bilateral low back pain with bilateral lower extremity radicular symptoms, Flexeril 10 mg for spasms, and Norco 10/325 mg. The Request For Authorization form was signed and submitted on 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 1 refill prescribed on 8/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: On-going management Page(s): 78-80.

Decision rationale: The California MTUS Guidelines may recommend continued opioid use for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include a quantified current pain, the least reported pain over the period since last assessment, intensity of pain after taking the opioid, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to be pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The guidelines note to continue opioid therapy if the patient has returned to work and if the patient has improved functioning and pain. The injured worker did complain of pain bilateral to the low back with bilateral lower extremity radicular symptoms. He rated the pain an 8/10 on the pain scale. The documentation did indicate that the previous urine drug test was consistent with his current prescriptions. The documentation did not provide evidence of increased level of function, side effects, or decreased pain upon use of the medication. In the absence of documentation with evidence of a thorough and sufficient pain assessment and with satisfactory response to treatment indicated by decreased pain, increased level of function or improved quality of life, the request is not supported at this time. Additionally, as the request is written there was no frequency provided. The request for Norco 10/325mg #90 1 refill prescribed on 8/19/14 is not medically necessary.

Flexeril 10mg #30 w/2 refills prescribed on 8/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The California MTUS Guidelines may recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain in overall improvement. Efficacy appears to diminish overtime and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for short course of therapy. There's limited, mixed evidence does not allow for a recommendation for chronic use. The injured worker was documented to have been using Flexeril since at least 03/27/2014, the guidelines only recommend for a short course of therapy.

The documentation did not provide sufficient evidence of the efficacy of the medication. The documentation did indicate that Flexeril did allow the patient to have an additional 2 hours of sleep per night. There were no significant objective functional improvements noted. In the absence of documentation with evidence of significant objective functional improvements and due to the duration that the injured worker has been using the medication, the request is not supported. Additionally, as the request is written, there was no frequency provided. The request for Flexeril 10mg #30 w/2 refills prescribed on 8/19/14 is not medically necessary.

Bilateral TFESI L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Epidural steroid injections Page(s): 46.

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

Decision rationale: The California MTUS Guidelines may recommend epidural steroid injections as an option of treatment in radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. The most current guidelines recommend no more than 2 ESI injections. Research has now shown that, on average, less than 2 injections are required for a successful ESI outcome. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The purpose of ESI is to reduce pain and inflammation, restore range of motion and thereby facilitating progress in more active treatment programs. The criteria for the use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; documented evidence that the injured worker was initially unresponsive to conservative treatment to include physical therapy, home exercise, and medications; and injections should be performed using fluoroscopy for guidance. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The injured worker reported a pain of 8/10 on a pain scale to the low back with bilateral lower extremity radicular symptoms. The documentation noted that his previous lumbar epidural steroid injection provided 60% improvement for 5 months. The documentation did not provide sufficient evidence that there was a reduction in the patient's pain medication or a significant objective functional improvement. The injured worker was noted to have failed conservative care to include physical therapy, NSAIDs, and conservative treatments; however, there were no documents to support. The documentation did not indicate a plan for or current participation in physical therapy or home exercise program. In the absence of documentation of objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, and indication of a plan for or current participation in physical therapy or home exercise program, the request is not supported at this time. Additionally, as the request is written, it is not indicated that the injection would be performed using fluoroscopy for guidance. The request for bilateral TFESI L2-L3 is not medically necessary.