

Case Number:	CM14-0159974		
Date Assigned:	10/03/2014	Date of Injury:	09/18/2013
Decision Date:	11/03/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/29/2014

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 is licensed to practice in Louisiana. 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 65 year old male who was injured on September 18, 2013 when he slipped. He has been treated conservatively with physical therapy, unknown sessions. His medication history included Omeprazole, Flexeril, Norco, and Ibuprofen. Progress report dated August 12, 2014 indicate the patient presented with complaints of back and leg soreness. According to the patient, he believed due to the inability to be active, he is having significant weight gain and having shortness of breath. He states that he has very significant pain and cannot walk greater than about 30 or 40 feet especially before he takes his medication in the morning. He does report that he had a lot of relief from the epidural steroid injection but has nearly worn off. He rated his pain with medication 7/10 and without 9/10. He states that he has some side effects including GI upset that is controlled with Nexium. His medications have provided functional improvement by allowing him to walk for distances further than 2 blocks, sitting for periods longer than 15 minutes, and to stand for longer than 10 minutes without severe pain. On examination, the patient uses a cane to ambulate. His gait is antalgic, and he was shifting left to right and back. There is moderate bilateral palpable lumbar spasm and range of motion is markedly reduced. Deep tendon reflexes are 2+ in the right knee, 1+ in the left knee, and 2+ in the bilateral ankles. Straight leg raising caused complaints on the left with paresthesia and burning pain in the posterior calf and dorsal lateral foot. There is no gross atrophy and he is unable to toe walk due to weakness on the left. The patient was diagnosed with thoracic or lumbosacral neuritis or radiculitis unspecified, lumbago, sciatica and contusion of back. The patient was recommended for an epidural steroid injection, Ibuprofen, Omeprazole, Norco and Flexeril. Prior utilization review dated Sept 24, 2014 indicates the request for left L-ESI L5-S1, request for Flexeril 10mg #60 and the request for Norco 10/325mg #60 is denied as the medical necessity has not been established. The request for Ibuprofen 800mg #90 is modified to certify Ibuprofen # 45 and the

request for Omeprazole 40mg #30 w/1 refill is modified to certify Omeprazole 40mg # 15 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L-ESI L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural Steroid Injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, avoiding surgery, but this treatment alone offers no significant long-term functional benefit. The guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. However, there is absence of positive abnormal physical examination findings with corroborative imaging and/or EMG testing that establish an active L5-S1 radiculopathy is present. The request is not medically necessary.

FLEXERIL 10MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 64.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Flexeril is commonly prescribed, centrally acting skeletal muscle relaxant and central nervous system depressant. Recommended for short-term use, no longer than 2-3 weeks. In this case, the supporting documentation indicates the ongoing use of Flexeril has exceeded the guideline recommendations and there is no supporting documentation showing any sustainable improvement in pain or function. Therefore, this request is not medically necessary.

OMEPRAZOLE 40MG #30 W/1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Omeprazole, a proton pump inhibitor, is recommended for patients at risk of gastrointestinal events and should be used at the lowest dose for the shortest possible amount of time. In this case, there is a lack of supporting documentation to support the necessity of Omeprazole and long-term use is not supported by the guidelines therefore, this request is not medically necessary.

IBURPROFEN 800MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, NSAIDs should be prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the use of Ibuprofen has been exceeded in an extended period of time with no sustainable improvement and long-term use is not recommended by the guides. Therefore, this request is not medically necessary.

NORCO 10/325MMG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued opioids use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation that indicates the medical necessity for the continued use of Norco and guidelines do not recommend long-term use without documented evidence of functional improvement. Therefore, the request is not medically necessary.