

Case Number:	CM14-0165978		
Date Assigned:	10/13/2014	Date of Injury:	09/18/2013
Decision Date:	11/17/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old man who sustained a work-related injury on September 18, 2013. Subsequently, he developed chronic low back pain radiating into the bilateral lower extremities. Previous MRI showed right-sided foraminal stenosis of L4-5, as well as L5-S1 left foraminal protrusion causing foraminal stenosis. Previous treatments have included medications, chiropractic sessions, physical therapy, and ESI. According to the progress report dated May 14, 2014, the patient continued to experience low back pain, as well as leg pain. His physical examination of the lumbar spine revealed diffuse tenderness to palpation across the lower lumbar region. There was mild paraspinous muscle spasm present in the lumbar spine. There was positive straight leg raising bilaterally at 60 degrees. The patient was diagnosed with lumbosacral strain/sprain and moderate-to-severe disc protrusion L4-5 and L5-S1 with impingement on left S1 nerve root. On September 12, 2014, the patient had a lumbar epidural steroid injection. On a note dated September 18, 2014, the patient reported that while he has noticed some improvement, he continued to have low back pain as well as pain that radiates down into his right leg. On examination, there was tenderness to palpation about the right side of the lumbar paraspinal musculature with limited range of motion. The straight leg raising test was positive on the right, negative on the left. Motor examination of the lower extremities revealed a 4/5 strength with ankle dorsiflexion on the right. Sensory testing was intact to light touch. The provider requested authorization for lumbar epidural steroid injection under fluoroscopy, Flexeril and Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. He was treated with conservative therapy without full control of the patient pain. However, there is no documentation of clinical, radiological and electrodiagnostic evidence that support the diagnosis of lumbar radiculopathy. The patient reported that while he has noticed some improvement with a previous lumbar ESI, he does continue with low back pain as well as pain that radiates down into his right leg. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, lumbar epidural steroid injection under fluoroscopy is not medically necessary.

Flexeril 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Flexeril 10 mg, # 60 with one refill is not medically necessary.

Lidoderm patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Lidoderm (lidocaine) patch Page(s): 56.

Decision rationale: According to MTUS guidelines; Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI

anti-depressants or an AED such as gabapentin. In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy. There is no strong evidence supporting the efficacy of Lidoderm in chronic back pain. There is no evidence of neuropathic origin of the patient pain. Therefore, the prescription of Lidoderm patch is not medically necessary.