

Case Number:	CM14-0167429		
Date Assigned:	10/14/2014	Date of Injury:	11/27/1998
Decision Date:	11/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/10/2014

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:

This patient is a 52-year-old female who has developed chronic low back pain subsequent to an injury dated 11/27/98. She has been treated with spinal surgery x 2 including fusion with hardware. She has post laminectomy syndrome with persistent neuropathic pain radiating into the right low extremities. Treatment has included epidural injections several years prior, but there is no detailed documentation of the level or length of benefits. The prior treating physician documented the lack of an active radiculopathic process. The current treating physician notes right leg weakness and diminished sensation involving the L4-5 nerves. Her gait is normal. No recent electrodiagnostics or scanning supports and active or worsening nerve root compression. It is documented that this patient has utilized a TENS unit for up to 2 hours a day and it affords her pain relief and diminished muscle spasm. It is reported that she can diminish use of muscle relaxants with use of a TENS unit. Her current TENS unit is broken. Medications include 180 Morphine Equivalents of Opioids, NSAIDs, neuroleptics and trials of various muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

Decision rationale: MTUS Guidelines support the use of TENS when there is clearly established benefit from its use. These conditions have been met with this patient. The TENS unit is medically necessary.

Lumbar epidural steroid injection with sedation: 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 (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Injections

Decision rationale: MTUS Guidelines do not recommend repeat epidural injections unless prior injections resulted in at least 50% improvement over several weeks. It is not documented that these standards have been met. In addition, ODG Guidelines point out that epidurals have very little support for chronic pain and little effectiveness for the post-operative patient. This patient has these negative predictors, plus a lack of evidence for prior benefit. The request for an epidural with sedation is not consistent with Guidelines and it is not medically necessary.

Baclofen 10mg #120 with 3 refills: Overturned

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

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

Decision rationale: MTUS Guidelines generally do not support the chronic use of muscle relaxants. However, Baclofen is an exception for use with neuropathic pain syndromes. It is clearly documented that her medication regimen is supporting an active life style and provides upwards of 40-50% relief. Other muscle relaxants have been trialed without success. With this patient having neuropathic pain syndrome, the successful use of Baclofen 10mg #120 with 3 refills is consistent with Guidelines and is medically necessary.

Celebrex 200mg #30 with 3 refills: Overturned

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

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

Decision rationale: MTUS Guidelines give tepid support for NSAIDs and chronic spinal pain depending upon the circumstances. It is clearly documented that she is tolerating the Celebrex and that her medications are providing a meaningful benefit to pain, quality of life and functioning. Under these circumstances the ongoing use of Celebrex is consistent with Guidelines. The Celebrex 200mg #30 with 3 refills is medically necessary.