

Case Number:	CM14-0180793		
Date Assigned:	11/05/2014	Date of Injury:	08/13/2013
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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; has a subspecialty in Interventional spine 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:

The patient is a 35-year-old female with a date of injury of 08/13/2013. The listed diagnoses per [REDACTED] are: 1. Lumbar disk disease with left-sided radiculopathy. 2. Sacroiliac joint arthropathy. 3. Facet joint arthropathy. 4. Reactive sleep disturbance. 5. Depression. According to progress report, 07/28/2014, the patient presents with chronic low back pain with left-sided radiculopathy of bilateral sacroiliac joint and facet arthropathy. Patient also complains of sleep disturbance and suffers from reactive depression. Examination revealed positive straight leg raise and decreased sensation on the left side at L4, L5, and S1. Her left-sided knee reflex is decreased. Her ankle reflexes are equal, but she has weakness in the left knee, ankle, and hip. Sciatic notches are tender, left more than right. Facet provocation was positive. Range of motion of the lumbar spine was decreased in all planes. MRI of the lumbar spine from 11/11/2013 revealed "bilateral L5 pars defect with mild surrounding left greater than right reactive marrow edema pattern, L4 to L5, bulge with small central disk extrusion extending 3 mm dorsally, and L5 to S1 mild facet arthrosis and mild bilateral neuroforaminal narrowing." Reports 07/23/2014, indicates the patient has low back pain rated as 7/10 which occasionally radiates to the bilateral knees, left greater than right, with numbness and tingling. EMG/NCV of the lower extremities from 03/19/2014 revealed "abnormal study, left-sided lumbar radiculopathy at L5." This is a request for LESI, diclofenac ER 100 mg and cyclobenzaprine 7.5 mg. Utilization review certified the request for lumbar steroid injection and denied request for diclofenac ER 100 mg and cyclobenzaprine 7.5 mg on 10/02/2014. Treatment reports from 10/17/2013 through 07/28/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection trial x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 46 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with low back pain that radiates into the lower extremity. Treater is requesting "lumbar epidural steroid injection trial x1." Utilization review on 10/02/2014 certified the lumbar epidural steroid injection at the left L5 nerve root. The MTUS Guidelines has the following regarding epidural steroid injections under the chronic pain section, pages 46 and 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." In this case, the patient presents with low back pain but leg pain is not well described. MRI showed an extruded disc at at L4-5, and the utilization review already certified the request at a single level. The patient does not present with a specific, dermatomal distribution of pain to denote a diagnosis of radiculopathy. Examination findings do not correlate with MRI findings, and the extruded disc is small and centrally located without nerve root involvement therefore request is not medically necessary.

Diclofenac ER 100mg #60 dispensed 9/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: This patient presents with continued low back pain that radiates into the lower extremity. The request is for Diclofenac ER 100 mg #60. Utilization review modified the certification from the requested #60 to #30 stating, "Consideration may be given to utilize one of the many over-the-counter generic NSAIDs available. Monitoring of blood pressure as well as liver and kidney function is recommended with ongoing use." The MTUS Guidelines page 22 supports the use of NSAIDs for chronic low back pain and is the first-line treatment. In this case, the patient has been taking NSAID since at least 02/20/2014 with no documented efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of this medication cannot be supported therefore request is not medically necessary.

Cyclobenzaprine 7.5mg #60, dispensed 9/24/14: Upheld

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

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

Decision rationale: This patient presents with continued low back pain that radiates into the lower extremity. Treater is requesting cyclobenzaprine 7.5 mg #60. The MTUS Guidelines page 64 states that cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for the recommendation for chronic use. Review of the medical file indicates the patient has been prescribed cyclobenzaprine since at least 03/20/2014. In this case, the patient has been prescribed muscle relaxants for long-term use, which is not supported by MTUS; therefore request is not medically necessary.