

Case Number:	CM14-0034867		
Date Assigned:	06/23/2014	Date of Injury:	09/20/2010
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 Texas. 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 44 year old female who sustained an injury on 09/20/10 while lifting bags of bread from the floor, and developed acute pain to the left shoulder. Prior treatment included chiropractic therapy. The injured worker also received multiple injections for the lumbar spine and three injections separately to each shoulder. The injured worker had prior left shoulder arthroscopy in 2012, as well as acupuncture therapy. The injured worker reported that her low back pain radiated to the bilateral lower extremities left side worse than right and was severe in nature. There was also associated numbness and tingling in the lower extremities left side worse than right. An MRI of the lumbar spine from 09/05/13 noted disc protrusions diffusely at L2-3 and L3-4 with facet joint hypertrophy and ligamentum flavum hypertrophy. There was no significant canal lateral recess or neural foraminal narrowing at L2-3. The exiting and transiting nerve roots appeared unremarkable at this level. At L3-4 similar findings were noted. The injured worker was being followed by a pain management physician. Per the 02/07/14 clinical record the injured worker had prior epidural steroid injection which provided temporary relief. On physical examination there was tenderness to palpation in the left shoulder with associated spasms, and range of motion was decreased in all planes with positive impingement signs. Recommendations were for repeat L2-3 and L3-4 epidural steroid injections. The injured worker was recommended to continue with acupuncture therapy and medications prescribed included Flexeril, Norco, Prilosec, and tramadol. Follow up on 03/21/14 noted persistent complaints of low back pain with associated stiffness. Physical examination noted tenderness to palpation of the lumbar spine with loss of lumbar range of motion. Associated spasms were identified, and straight leg raise was positive. The requested epidural steroid injection at L2-3 and L3-4, Flexeril 7.5mg #90, Prilosec 20mg #60, tramadol 150mg #30, and acupuncture for the left shoulder and low back for 12 sessions were denied by utilization review on 03/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection to low back at L2-L3 and L3-L4 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, Page 61 as well as the Non MTUS Website www.odg-twc.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Page(s): 46.

Decision rationale: The injured worker did not present with any objective findings consistent with lumbar radiculopathy stemming from L2-3 or L3-4. Imaging studies of the lumbar spine were unremarkable for any evidence of nerve root compression secondary to focal lesions at either level. The clinical documentation also noted that the injured worker had a prior epidural steroid injection; however, the specific response was not documented. Per Chronic Pain Medical Treatment Guidelines, there should be unequivocal evidence of lumbar radiculopathy to support epidural steroid injections. There should also be specific documentation of response to prior epidural steroid injections with at least 50-70% pain relief for six to eight weeks. As this was not documented in the clinical records, the request is not medically necessary.

Flexeril 7.5mg QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, Muscle Relaxants, Page 85 as well as the Non MTUS Website www.odg-twc.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxant use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, ongoing use of this medication is not medically necessary.

Prilosec 20mg QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: Per clinical records from the treating pain management physician, the injured worker had gastritis as a side effect from anti-inflammatories. Given this side effect which is common with anti-inflammatories, a proton pump inhibitor would be indicated as a prophylactic medication to avoid this side effect according to Official Disability Guidelines. Therefore this medication is medically necessary.

Tramadol 150mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Opioids, Tramadol, Page 108 as well as the Non MTUS Website www.odg-twc.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 88-89 Page(s): 88-89.

Decision rationale: The clinical documentation submitted for review did not identify any specific functional benefit from pain reduction obtained with this medication that would support its ongoing use. Per Chronic Pain Medical Treatment Guidelines tramadol can be considered an option in the treatment of moderate to severe musculoskeletal complaints. However, guidelines recommend that there be ongoing assessments regarding functional benefit and pain reduction obtained with this type of analgesic medication. As this was not clearly evident in the clinical records, this medication is not medically necessary.

Acupuncture to left shoulder and low back QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Medical Treatment Guidelines, Page 9.

Decision rationale: The injured worker previously attended acupuncture therapy, however; the total amount of visits was not documented. No specific acupuncture therapy records were available for review noting specific functional improvement or pain reduction obtained with therapy. Although guidelines recommend initial trial of acupuncture therapy to address chronic musculoskeletal complaints, there should be evidence of its efficacy to warrant continuing sessions. As this was not clearly documented in the clinical records, this request is not medically necessary.