

Case Number:	CM14-0038099		
Date Assigned:	06/25/2014	Date of Injury:	07/03/2003
Decision Date:	08/14/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 60 year old male injured on 07/03/03 when a 90 pound grease gun was inadvertently dropped on him resulting in a strain of the lumbar spine. Current diagnoses include spinal stenosis in the lumbar region and degeneration of the intervertebral discs. The clinical documentation dated 02/14/14 indicates the injured worker presented complaining of increased frequency and longer episodes of right leg pain, numbness, and tingling. The injured worker reports difficulty walking longer distances due to pain and intensified right leg pain particularly along the posterolateral distribution as well as numbness and tingling along the same distribution. The injured worker also reports having to increase use of Vicodin on an as needed basis. Physical assessment reveals an inability to perform toe walking, tenderness in the lumbar spine right greater than left, decreased range of motion, decreased sensation of the L4-S1 dermatome, and positive straight leg raise on the right. The injured worker was recommended continuation of Vicodin and Norflex, home exercise program, ice and heat, and epidural steroid injection. The initial request for a lumbar caudal epidural steroid injection with ultrasound guidance, retrospective request for Vicodin date of service 02/14/14, and retrospective request for Norflex date of service 02/14/14 was initially non-certified on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Steroid Injection with Ultrasound Guidance: 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 rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. Additionally, the level at which the provider intends to inject was not specified in the request. As such, the request for Lumbar Caudal Epidural Steroid Injection with Ultrasound Guidance is not medically necessary and appropriate.

Retrospective request for Vicodin date of service 02/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of retrospective request for Vicodin (DOS: 02/14/14) is not medically necessary and appropriate.

Retrospective request for Norflex date of service 2/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute

management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. Therefore, the retrospective request for Norflex (DOS: 2/14/14) is not medically necessary and appropriate.