

Case Number:	CM14-0039157		
Date Assigned:	06/27/2014	Date of Injury:	07/29/2009
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 66-year-old female who reported an injury on 7/29/09; the mechanism of injury was not provided for review. The injured worker complained of pain rated at 8/10 in the lower lumbar region with the pain increasing with activities such as lifting, stooping, bending, prolonged sitting, and standing. The pain was rated 8/10 without medication and 5/10 with medication. Physical examination dated 6/12/14 indicated that the injured worker continued to have ongoing, but increasing baseline low back pain, mostly on the left side. She has lumbar paraspinal muscle tenderness and had decreased range of motion in the lumbar spine that was noted to be consistent with lumbar facet disease. There was not a neurological examination included in this note. The injured worker's diagnoses were lumbosacral spondylosis without myelopathy, degenerative lumbar lumbosacral intervertebral disc, lumbago, thoracic lumbosacral radiculitis unspecified, spasm of the muscle, and unspecified myalgia and myositis. The injured worker's medications were Celebrex, Fentanyl patch Robaxin, and Vicodin. Past diagnostics include an MRI of the lumbar spine performed on 7/9/12 that showed multilevel degenerative disc disease with circumferential disc bulges at the L2-3 and L4-5. Circumferential disc bulge at L4-5 has decreased in size compared to the prior study without evidence of central canal stenosis as noted in the prior study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for the treatment for injured workers with radiculopathy documented on physical examination and corroborated on an MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. There is a lack of evidence of radiculopathy on the most recent physical examination. There was no evidence of neurological deficits as documented on physical findings, in addition, there is no documentation of conservative care to the lumbar spine, with no physical therapy mentioned in documentation provided for review. As such, the request is not medically necessary.

On going use of Robaxin 750mg, BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The efficacy of this class of medication appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker had no current mention of any complaints or objective mention of muscle spasms. The injured worker has had ongoing use of the Robaxin with no documented functional improvement. Due to the absence of documentation or current complaint of muscle spasms, or objective findings, as well as the requested medication being a sedating muscle relaxant, which is not supported by the MTUS guidelines. In addition the quantity was not provided on the request for the proposed medication. As such, the request is not medically necessary.

Start Fentanyl patch 12ugm q 3 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that the fentanyl transdermal system is not recommended as a first line therapy. The fentanyl patch is a transdermal system that releases a potent opioid slowly into the system via the skin. The medication is FDA approved for managing chronic pain in patients who require continuous opioid analgesic to manage pain. The documentation provided revealed the injured worker's pain was rated at 5/10 with medications and 8/10 without medications. However, there was a lack of rationale as to why a trial of Fentanyl was being recommended. In addition the quantity was not provided for the proposed request. As such, the request is not medically necessary.