

Case Number:	CM14-0062453		
Date Assigned:	07/11/2014	Date of Injury:	11/20/2007
Decision Date:	08/29/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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 Florida. 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 58-year-old female who reported an injury on 11/20/2007. The mechanism of injury was not documented in the submitted reports. The injured worker has diagnoses of a 8 mm disc herniation at the L5-S1 level; facet arthropathy at the L4-5 and L5-S1 levels; spondylosis at the L4-5 and L5-S1 level; intractable, severe low back pain; lumbar radiculopathy, bilateral lower extremities and status post left knee surgery. The injured worker has undergone epidural steroid injections (ESIs) on 10/04/2012, facet blocks on 01/18/2013, physical therapy and medication therapy. The injured worker's medications include fentanyl 100 mcg/hour patches, Percocet 10/325 mg 1 to 2 every 6 hours, Robaxin 500 mg 1 tablet every 6 hours, meloxicam 7.5 mg every day, Cymbalta 60 mg 1 tablet before bed and oxycodone HCl 10 mg. An MRI of the lumbar spine obtained 01/05/2002 revealed that the injured worker had a 3 mm broad base posterior disc/end plate osteophyte complex causing pressure over the anterior aspect of the thecal sac at the L2-3 level, a mild degrees of central stenosis secondary to a combination of hypertrophic changes at the facet joints at the L4-5 level, hypertrophic changes at the facet joints with hypertrophy of ligamentum flavum: Broad base posterior and right posterior lateral disc/end plate osteophyte complex which at its maximum on the far side measures about 8 mm and encroaches into the right neuroforamen at the L5-S1 level. A urinalysis drug screen was collected on 04/18/2014, showing that the injured worker was in compliance with their medications. The injured worker underwent left knee surgery on 10/19/2012. The injured worker also underwent right ankle fusion and hammer toe repair on 07/08/2013. The injured worker complained of left knee pain, rated at 6/10 with medication and 10/10 without medication. Physical examination dated 06/26/2014 of the lumbar spine revealed that the injured worker's range of motion was restricted with flexion, extension, lateral rotation to the left and lateral rotation to the right. Examination of the paravertebral muscles revealed spasm and tenderness on

both sides. Straight leg raising test was positive on both sides when sitting at 70 degrees. Examination of the left knee revealed a small area of mild edema and erythema of the lateral patella at site of bend, but without warmth or discharge. Range of motion was restricted with flexion limited to 60 degrees due to pain, and extension limited to 14 degrees due to pain. There was tenderness to palpation over the lateral joint line, medial joint line, patella, and quadriceps tendon. The examination revealed that the injured worker had no neurological or sensory deficits. The treatment plan for the injured worker is to perform an epidural injection of the lumbar spine via caudal, and the continuation of Robaxin and fentanyl. The rationale is to reduce the pain in the injured worker's lumbar spine and knee. The request for authorization form for Robaxin and fentanyl patches was submitted on 05/21/2014 and the authorization form epidural of the lumbar spine was submitted on 04/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100 mcg/hour #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Fentanyl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl); Ongoing management; Opioid dosing Page(s): 44, 78, 86.

Decision rationale: The injured worker complained of left knee pain, rated at 6/10 with medication and 10/10 without medication. The California MTUS guidelines indicate that Duragesic (Fentanyl) is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The submitted report lacked any evidence of side effects. There was a lack of evidence that the fentanyl was helping with any functional deficits the injured worker had. The report did submit a drug screen dated 04/18/2014, showing that the injured worker was compliant with the MTUS guidelines, but there was no documentation of any objective improvement in function. Furthermore, the request as submitted also failed to provide the frequency and duration of the fentanyl patches. As such, the request for fentanyl patch 100 mcg/hour patch is not medically necessary.

Robaxin 500 mg tablet #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state in most low back pain cases, Robaxin shows no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS guidelines also state that Robaxin is within the class of drugs with limited published evidence along with Chlorzoxazone, Dantrolene and Baclofen. The documentation submitted for review did not indicate whether Robaxin had been effective thus far. There was no quantified information regarding pain relief. As the injured worker did state that her medications were helping somewhat with her pain, it was unclear as to what medications were helping. In addition, there was no assessment regarding average pain, intensity, or longevity of pain relief. The MTUS Guidelines recommend that Robaxin be taken as directed, 1500 mg 4 times a day for the first 2-3 days, then decrease to 750 mg 4 times a day for no more than 4 weeks. Evidence in the submitted report showed that the injured worker had been taking Robaxin for chronic pain since at least 01/23/2014, exceeding the MTUS Guidelines. Given the above, the request for ongoing use of Robaxin is not supported by the MTUS Guideline recommendations. As such, the request for Robaxin 500 mg is not medically necessary.

Lumbar epidural injection via caudal approach: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third epidural steroid injection (ESI) is rarely recommended. Criteria for the use of ESIs include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker had no diagnosis of radiculopathy, and an electro diagnostic study that was done on 01/04/2002 revealed no evidence of lumbosacral radiculopathy. The electro diagnostic study was done on the lower extremities bilaterally. There was also a lack of documentation showing whether the injured worker was initially unresponsive to conservative care. The submitted documents state that the injured worker had tried physical therapy, but there was no documentation stating what the outcomes were to such physical therapy. Furthermore, the submitted report indicated that the injured worker had received prior caudal epidural steroid injections as prior treatment; however, there was no documented evidence as to the outcome of those injections. Submitted documentation also stated that the injured worker had several prior injections. Guidelines stipulate that a third injection is rarely recommended. As such, the request for lumbar epidural injection via the caudal approach is not medically necessary.

