

Case Number:	CM14-0066681		
Date Assigned:	09/10/2014	Date of Injury:	07/27/2009
Decision Date:	10/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/09/2014

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 44 year old male with an injury date of 07/27/09. Based on the 04/14/14 progress report, the patient complains of lower back pain with discogenic/facetogenic pain and bilateral leg pain which radiates to the feet. The patient rates his pain as a 9/10 and pain is increased with sitting, standing, and laying down. He has poor quality of sleep. The 03/30/14 MRI of the lumbar spine revealed mild degenerative changes in the lumbar spine and mild bilateral neural foraminal stenosis at L5-S1. The patient is currently taking Lyrica, Cyclobenzaprine, Ibuprofen, and Prilosec. The patient's diagnoses include the following: 1. Chronic low back pain with bilateral leg pain; c/w L5/S1 annular fissure 2. Degenerative disc disease at L5/S1 with discogenic and facetogenic pain 3. Myofascial pain/spasm 4. Neuropathic pain 5. Depression 2nd to chronic pain 6. Hypertension 7. Poor sleep hygiene 8. Deconditioning The utilization review determination being challenged is dated 04/30/14. Treatment reports were provided from 11/20/13- 04/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral trans-foraminal epidural steroid Injection L5-S1 S1-S2 Lumbosacral Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 04/14/14 progress report, the patient complains of lower back pain with discogenic/facetogenic pain and bilateral leg pain which radiates to the feet. The request is for a bilateral trans-foraminal epidural steroid injection at L5-S1, S1-S2. In reference to an epidural steroid injection, MTUS Guidelines states, "Radiculopathy must be documented by a physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Reviewing the reports, there are no positive exam findings; therefore, recommendation is for not medically necessary.

Tramadol 50mg, qty unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61; 88, 89.

Decision rationale: According to the 04/14/14 progress report, the patient complains of lower back pain with discogenic/facetogenic pain and bilateral leg pain which radiates to the feet. The request is for Tramadol 50 mg QTY unknown. The patient has been taking Tramadol as early as 11/20/13 for pain management. The 11/20/13 report states that the patient's pain decreases from 9/10 to a 7-8/10 with medications. Both the 01/15/14 and 03/07/14 report indicate that the patient's pain has reduced from a 9/10 to an 8/10 after taking Tramadol. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater fails to mention any significant improvement in ADLs, adverse side effects, and adverse behavior. Recommendation is for not medically necessary.

Flexeril, strength and qty unknown: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: According to the 04/14/14 progress report, the patient complains of lower back pain with discogenic/facetogenic pain and bilateral leg pain which radiates to the feet. The request is for Flexeril, strength and QTY unknown. The patient has been taking Cyclobenzaprine as early as 12/09/13. According to MTUS Guidelines, cyclobenzaprine's are "not recommended to be used for longer than 2 to 3 weeks. The patient has been taking this medication as early as

04/25/2014, which indicates a long term basis and is not within MTUS Guidelines. Recommendation is for not medically necessary.

Ibuprofen, strength and qty unknown: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

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

Decision rationale: According to the 04/14/14 progress report, the patient complains of lower back pain with discogenic/facetogenic pain and bilateral leg pain which radiates to the feet. The request is for Ibuprofen, strength and QTY unknown. The patient has been taking Ibuprofen as early as 11/20/13 to help reduce inflammatory pain caused by strains, sprains or other injuries. The 12/09/13 report states that "The pain is decreased with heat and with medication including Ibuprofen 800 mg, Omeprazole 20 mg, Flexeril and Tramadol 50 mg." The 03/07/14 report states the patient's pain has decreased from a 9/10 to an 8/10 with the use of Ibuprofen. MTUS page 22 states, "Antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted." MTUS page 60 states that for medication use in chronic pain, pain and function need to be documented. The patient has been using Ibuprofen as early as 11/20/2013 and the treater has clearly explained how the patient benefits from the use of Ibuprofen. Recommendation is for authorization.

Omeprazole, strength and qty unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines- Recommended for patients at risk for gastrointestinal events

Decision rationale: According to the 04/14/14 progress report, the patient complains of lower back pain with discogenic/facetogenic pain and bilateral leg pain which radiates to the feet. The request is for Omeprazole, strength and QTY unspecified. The patient has been taking Omeprazole as early as 11/20/13 to prevent stomach irritation. The 12/09/13 report states that "The pain is decreased with heat and with medication including Ibuprofen 800 mg, Omeprazole 20 mg, Flexeril and Tramadol 50 mg." The 01/15/14 report states "The patient has less stomach irritation while taking the Omeprazole in conjunction with the Ibuprofen." MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the treater has documented the benefits of using Omeprazole. Therefore this request is medically necessary

Lorzone 750mg, qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain).

Decision rationale: According to the 04/14/14 progress report, the patient complains of lower back pain with discogenic/facetogenic pain and bilateral leg pain which radiates to the feet. The request is for Lorzone (Chlorzoxozone) 750 mg, QTY unspecified. Lorzone was first prescribed on 04/14/14. According to page 64 of MTUS Guidelines, muscle relaxants are "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." In this case, the patient has chronic lower back pain and bilateral leg pain. There is no indication if the patient is having an acute flare-up and the treater appears to be using this medication for a long-term. Recommendation is for denial.