

Case Number:	CM14-0072416		
Date Assigned:	07/16/2014	Date of Injury:	11/13/2013
Decision Date:	09/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 43-year-old female with an 11/13/2013 date of injury. She was moving a big container of trash and as she moved it, the heavy container flipped and fell on top of her head and caused her to fall back. This resulted in injuries to her mid and lower back. The progress notes provided for review are mostly hand-written and only partially legible. A progress report dated 6/1/14 noted subjective complaints of low back pain radiating into both legs. A 5/13/14 progress report noted objective findings of lumbar spasms and antalgic gait. A QME on 4/16/14 noted normal motor and reflexes of the bilateral lower extremities. There was decreased sensation in the L4 and L5 dermatomes bilaterally, slightly more on the left. There was note of a prior lumbar MRI from 12/13, which demonstrated posterior disc bulges at L4-L5 and L5-S1 however no official report was available for review. It was noted that she was not responding to conservative treatment. Diagnostic Impression Lumbar disc disease, lumbar radiculopathy Treatment to Date: LINT (Localized intense neurostimulation therapy), chiropractic therapy, and physical therapy A UR decision dated 5/9/14 denied the request for Naproxen 500 mg PO BID #60. Documentation does not identify significant functional/vocational benefit with the use of NSAIDs and guidelines indicate this should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. Given date of injury, ongoing chronic NSAID use would not be supported. It also denied a request for Flexeril 7.5 mg PO QHS #60. Muscle relaxants are supported for only short-term treatment, and given date of injury, chronic use would not be supported. Documentation does not identify significant functional/vocational benefit. It also denied a request for Left lumbar transforaminal epidural steroid injection under fluoroscopy guidance at the level of L4-L5. There is no indication of central or foraminal stenosis or nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg po bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, the patient has an 11/2013 date of injury. From the provided documents available for review, it is unclear how long she has been on Naproxen or other NSAIDs. Additionally, there is no specific documentation of functional improvement from previous NSAID use. Therefore, the request for Naproxen 500 mg PO BID #60 is not medically necessary.

Flexeril 7.5 mg po qhs #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. ODG states that Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. However, the patient has an original date of injury of 11/2013. From the provided documents available for review, it is unclear how long she has been on Flexeril or any other muscle relaxants. There is no specific documented evidence of functional improvement or activity because of Flexeril. Therefore, the request for Flexeril 7.5 mg PO QHS #60 is not medically necessary.

Left Lumbar Transforaminal Epidural Steroid Injection Under Fluoroscopy Guidance at the Level of L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than four blocks per region per year. However, although the patient has documented sensory abnormalities in a dermatomal distribution, there is no available official imaging study report such as MRI available for review. Furthermore, the reported results of the previous MRI as documented by the progress reports do not mention central canal stenosis, foraminal stenosis, or any type of neural compromise. Therefore, the request for Left lumbar transforaminal epidural steroid injection at the level of L4- L5 is not medically necessary.

