

Case Number:	CM14-0073502		
Date Assigned:	07/16/2014	Date of Injury:	12/12/2001
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/20/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 50 year old male with a work injury dated 12/12/01. His diagnoses were lumbar degenerative disc disease, status post intradiscal electrothermal therapy (IOET), spinal cord stimulator placement on 11/10/05 with revision on 2/2/09 and subsequent removal, right lateral epicondylitis, and medication-induced gastritis. A review of the records indicated that prior treatments included medications, IDET at L4-5 on 11/14/02, posterior lumbar interbody fusion (PLIF) L4-5 and L5-S1 on 3/6/12, left knee arthroscopic surgery on 10/19/12, and fusion at L2-3 and L3-4 on 9/19/13. There is a primary treating physician report dated 6/9/14 that states that the patient continues to complain of pain in his lower back which radiates down to both lower extremities. The patient currently rates his pain 8/10 in intensity, aggravated by any type of bending, twisting, and turning. He also has left knee pain. He recently received a denial for Ambien, which is unfortunate since he was able to sleep between 5-6 hours a night on the Ambien. He has been off Ambien for at least three weeks, and repeatedly tosses and turns during the night, which often aggravates his low back pain to following morning. On exam he requires a walker. He has difficulty transitioning from a seated to a standing position. Examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points which are palpable and tender throughout the lumbar paraspinal muscles. The patient has decreased range of motion with obvious muscle guarding. There are 2/4 patella reflexes and Achilles reflexes. There is 4-4+/5 strength in the L3-L5 myotomes. Sensory exam with Wartenberg pinprick wheel is decreased along the posterolateral thigh and posterolateral calf in the approximate L5-S I distribution. The straight leg raise in the modified sitting position is positive at 60 which caused radicular symptoms to both lower extremities. The treatment plan included a request for fluoroscopically guided diagnostic

transforaminal epidural steroid Injection at S1 bilaterally and a request for Doral along with a refill of patient's other medications. An MRI of the lumbar spine done on May 3, 2013 interpreted by revealed at L1-2 and L2-3 there is a 3 mm broad based disc protrusion with bilateral facet arthropathy and bilateral neural foraminal stenosis. At L3-4 there is 0.2mm disc bulge with associated facet arthropathy and bilateral neural foraminal stenosis. At L4-5 and L5-S1 with interbody fusion with disc prosthesis. An EMG study of the lower extremities performed on December 11, 2012 reveals chronic denervation at left L4, L5 and SI distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically Guided Diagnostic Transforaminal Epidural Steroid Injection at S1 bilaterally: 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 Epidural steroid injections (ESIs) Page(s): 45.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The patient's imaging studies are not corroborative of nerve pathology at the S1 level. He has not had recent electrodiagnostic testing. As such, the request is not medically necessary.

Doral 15mg 1 at bedtime #30: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup>.

Decision rationale: Doral is a benzodiazepine derivative drug indicated for the treatment of insomnia. The MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The patient has been on this medication since February 2014 which exceeds the MTUS recommendations for benzodiazepines. There is also no documentation of sleep improvement on Doral. As such, the request is not medically necessary.

