MAXIMUS Federal Services

Case Number:	CM14-0074621		
Date Assigned:	07/16/2014	Date of Injury:	12/21/2000
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/22/2014

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 and is licensed to practice in Nevada. 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 45-year-old female who was reportedly injured on December 21, 2000. The mechanism of injury was noted as a slip and fall type event. The most recent progress note dated July 17, 2013 indicated that there were ongoing complaints of neck, left upper extremity and low back pains. The pain was described as 8/10. The medication list was 15 items long. The physical examination demonstrated an alert, oriented individual with no gait abnormality reported. There was a normal lumbar lordosis. Deep tendon reflexes were intact throughout both lower extremities, and there was a slight decrease to lumbar spine range of motion. Straight leg raising was positive on the left. Diagnostic imaging studies objectified degenerative osteoarthritic changes in the sacroiliac joints. Previous treatment included multiple medications, injections and conservative care. A request was made for multiple medications and diagnostic imaging studies and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L4-L5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, there is support for epidural steroid injections when radiculopathy has been documented and corroborated by electrodiagnostic studies. The progress notes, presented for review, noted that there have been previous epidural steroid injections; however, there is no objectification of a verifiable radiculopathy. As such, when noting the parameters noted in the California Medical Treatment Utilization Schedule and by the physical examination reported with the most recent clinical assessment, the medical necessity for this procedure is not established.

1 Lumbar Epidurogram with contrast dye, IV sedation and flouroscopic guidance: 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): 46.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, there is support for epidural steroid injections when radiculopathy has been documented and corroborated by electrodiagnostic studies. The progress notes presented for review noted that there have been previous epidural steroid injections; however, there is no objectification of a verifiable radiculopathy. As such, when noting the parameters noted in the California Medical Treatment Utilization Schedule and by the physical examination reported with the most recent clinical assessment, the medical necessity for this procedure is not established.

Cyclobenzaprine 7.5mg #90 #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. The side effect profile and dependence issues are significant. Given the injured worker's date of injury and clinical presentation, particularly the ongoing objective occasion of muscle spasm indicating that there is no efficacy associated with the previous use of this medication and that the guidelines do not support this request for chronic pain, this request is not medically necessary.

Docusate Sodium 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management

of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: This medication is noted to be a stool softener that is indicated with chronic opioid use. However, the progress notes did not identify any complaints of constipation. There are no physical examination findings to suggest same. As such, the clinical indication for the use of this medication is not present. Therefore, there is no medical necessity based on the progress notes presented for review.

Lidoderm 5% #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the claimant has complaints of low back pain, but there is no objectification of a neuropathic pain generator that would be amenable to such intervention. As such, the request is considered medically necessary and appropriate.