

Case Number:	CM14-0091890		
Date Assigned:	07/25/2014	Date of Injury:	04/20/2009
Decision Date:	09/26/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/17/2014

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 Texas. 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 60 year old male who sustained an injury on 04/20/09 when he was involved in a motor vehicle accident. The injured worker developed complaints of pain in the neck and right shoulder as well as the low back radiating to the lower extremities. Prior treatment has included multiple medications and physical therapy. No long term benefits were obtained with prior epidural steroid injections. MRI studies of the lumbar spine from 04/12/13 noted a 1-2mm anterolisthesis of L4 on L5 with disc desiccation and facet arthropathy resulting in moderate to severe left sided foraminal stenosis as well as moderate right stenosis. There was impingement of the left L4 nerve root. Updated MRI studies of the lumbar spine from 09/13/13 noted similar findings. The injured worker was seen on 05/19/14 with continuing complaints of low back pain. The injured worker was not taking any medications at this evaluation for pain. The injured worker also described pain radiating into the left lower extremity in an L5 distribution. The injured worker's physical examination noted mildly decreased range of motion in the lumbar spine with moderate tenderness to palpation in the paraspinal with mild muscle tightness. No motor strength deficits were noted; however, there was decreased sensation to light touch in the distal lower extremities. No specific dermatomal distribution was noted. Straight leg raise was reported as positive to the left. The injured worker was prescribed Tizanidine as well as Flector patches and Gabapentin at this evaluation. There were also recommendations for repeat epidural steroid injections at L4-5. There was a follow up on 06/27/14 which noted persistent pain in the lumbar spine. The injured worker's physical examination findings were unchanged. The requested L4-5 interlaminar epidural steroid injection as well as Tizanidine 4mg, quantity 30 with 2 refills and Flector 1.3% adhesive patch, quantity 60 with 2 refills were all denied by utilization review on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left paracentral L4-5 interlaminar ESI under fluoroscopic guidance-outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 45.

Decision rationale: In regards to the request for an L4-5 interlaminar epidural steroid injection, the clinical documentation submitted for review would not support this request as medically necessary based on guideline recommendations. The injured worker is noted to have had prior epidural steroid injections with no substantial response. Per guidelines, repeat epidural steroid injections would be supported when there is evidence of substantial functional improvement and pain reduction of at least 50% for 6-8 weeks. Given that the injured worker did not have any substantial improvement with prior epidural steroid injections and as recent physical examination findings did not note any specific radicular findings in an L4-5 distribution, this request would not be considered medically necessary.

Tizanidine 4mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In review of the clinical documentation submitted, the injured worker was not utilizing medications as of May of 2014. The injured worker's physical examination findings were consistent with muscular spasms. Although muscle relaxers are recommended for short term use to address exacerbations of musculoskeletal complaints, the amount of medications requested with 2 refills would be considered excessive given that guidelines do not recommend long term use of this class of medications. Therefore, this is not medically necessary.

Flector 1.3% adhesive patch #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In review of the clinical documentation submitted, the requested Flector 1.3% patch, quantity 60 with 2 refills would not be recommended as medically necessary. In review of the documentation submitted, there was no indication that the injured worker has failed 1st line anti-inflammatory use from oral medications. Flector patches can be considered an option in the treatment of osteoarthritic pain where oral anti-inflammatories are either contraindicated or have failed. Given that the injured worker was never trialed on standard 1st line anti-inflammatory medications for continuing complaints of low back pain, this reviewer would not have recommended this request as medically necessary.