

Case Number:	CM14-0094429		
Date Assigned:	08/06/2014	Date of Injury:	04/04/2008
Decision Date:	09/23/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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:

Patient is a 57-year-old male who has submitted a claim for cervical disc disease, lumbar disc disease, cervical radiculopathy, and lumbar radiculopathy associated with an industrial injury date of 4/4/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities. Patient likewise complained of neck pain radiating to the left shoulder. Pain was rated 5 to 6/10 in severity. Noted side effect from medication intake was constipation. Physical examination showed spasm and tenderness of the paralumbar muscles. Range of motion of the lumbar spine and cervical spine was restricted. Gait was antalgic. Straight leg raise test was positive bilaterally at 60 degrees. Sensation was diminished along the lateral calf. Mild weakness was noted at right ankle dorsiflexor. MRI of the lumbar spine, undated, demonstrated degenerative changes at the L4 to L5 and L5 to S1 levels. The official MRI result was not made available for review. Treatment to date has included epidural steroid injection at L4 to L5 in 2012 (resulting to 60% pain relief for at least 3 months), home exercise program, and medications such as OxyContin, Lyrica, Celebrex, and Zanaflex (since 2013). Utilization review from 6/5/2014 denied the request for Celebrex 200 mg because it was not recommended for long-term use; denied Zanaflex 4 mg because long-term use was not recommended and there was no documentation of functional improvement; denied Lyrica 50 mg because of no documented 50% pain relief; denied oxycodone ER 40 mg because there was no documented pain relief and functional improvement; denied selective nerve root blocks bilaterally at L4 to L5 under fluoroscopy because objective findings did not correlate with imaging results; and denied urine drug screen because the request for opioids was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg: Upheld

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

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Celebrex since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Celebrex 200 mg is not medically necessary.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on tizanidine since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Although the most recent physical examination still showed evidence of muscle spasm, long-term use of muscle relaxants is not recommended. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Zanaflex 4 mg is not medically necessary.

Lyrica 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on

Lyrica since 2013. Patient's manifestation of chronic low back pain radiating to bilateral lower extremities associated with numbness, is consistent with neuropathic pain. However, there was no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify quantity to be dispensed. Therefore, the request for LYRICA 50 mg is not medically necessary.

Oxycodone ER 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on oxycodone since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Oxycodone ER 40mg is not medically necessary.

Selective nerve root blocks bilaterally at L4-L5 under fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient complained of low back pain radiating to bilateral lower extremities. The 5/23/14 medical report described low back pain radiating to lateral aspects of both legs (L5 dermatomes). It was also noted that the patient wanted to reduce his use of narcotics. Physical examination showed positive straight leg raise test bilaterally, diminished sensation at the lateral calves (L5 dermatomes), and weakness of right ankle dorsiflexor (S1). Patient underwent a LESI at L4-5 in 2012 resulting to 60% pain relief for at least 3 months. MRI

of the lumbar spine, undated, demonstrated degenerative changes at the L4-5 and L5-S1 levels. The patient has had substantial relief with a prior ESI and has current symptoms and findings consistent with involvement of the L5 nerve root bilaterally. Therefore, the request for Selective nerve root blocks bilaterally at L4-L5 under fluoroscopy is medically necessary.

Urine drug screen.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medications include OxyContin, Lyrica, Celebrex, and Zanaflex. It is unclear if previous urine drug screens have been performed previously due to lack of documentation. There is likewise no assessment concerning aberrant drug behavior. There is no compelling rationale for performing drug screen at this time. Therefore, the request for urine drug screen is not medically necessary.