

<b>Case Number:</b>	CM14-0098916		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/14/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 46-year-old, female who sustained a vocational injury 02/14/0. The medical records provided for review document the working diagnoses to include lumbar spine strain, lumbar radiculopathy, lumbar stenosis, degeneration of a lumbar disc, cervical radiculopathy without cervical pain, multiple extrusions of the thoracic spine, herniated nucleus pulposus at T5 through T8. The office visit on 05/14/14 noted low back and neck pain and that three epidural steroid injections in the lumbar spine, approximately five years ago provided minimal benefit. Physical examination revealed tenderness to palpation of the lumbar spine which was diffuse in nature, greater in the right paraspinal musculature and mild tenderness in the left lumbar musculature. She had more tenderness in the lumbar spine. Sensation was decreased sensation in the L5 and S1 dermatomes on the right. The right EHL, plantar flexion, eversion at 4+/5. The right TA at 4+/5 and inversion at 5-/5. Straight leg raise was positive at 70 degrees with symptoms radiating to the ankle. Straight leg raise on the left was negative. Slump test was negative bilaterally. The report of EMG/nerve conduction studies on 02/06/14 were noted to be within normal limits. The report of the MRI of the lumbar spine dated 03/07/14 showed disc desiccation at L4-5 and L5-S1 with mild associated loss of disc height at both levels. There was straightening of the lumbar lordotic curvature which may represent an element of myospasm. Hemangioma was present at L1 and L2. At the L4-5 level there was a broad-based posterior disc herniation which caused stenosis of the spinal canal. At the L5-S1 level there was a broad-based posterior disc herniation which caused mild stenosis of the spinal canal with associated stenosis of the bilateral lateral recess with contact on the bilateral S1 transiting nerve roots. There was hypertrophy of the facet joints and ligamentum flavum. Disc material, facet hypertrophy caused stenosis of the bilateral neural foramen that contacted bilateral L5 exiting nerve roots. Conservative treatment to date

includes home exercise program, Norco, Norflex, Ketoprofen cream, ibuprofen, and Tylenol. The current request is for Norflex 100 mg. dispense #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend that muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The Chronic Pain Guidelines note that muscle relaxants for low back pain show no benefit beyond NSAIDS in pain and overall improvement. The documentation presented for review suggests the claimant has been on Norflex for some time which is contradictory to the Chronic Pain Guidelines which suggest they should be used for short term treatment of acute exacerbations. The documentation fails to establish that the claimant has failed formal physical therapy which is considered a first-line conservative treatment prior to considering muscle relaxants on a short or long term basis. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for the Norflex, 100 mg. dispense #60 cannot be considered medically necessary.

**Follow up 6 weeks Ortho Spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Low Back, Office visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

**Decision rationale:** The documentation presented for review suggests the claimant has ongoing complaints of pain, an abnormal physical exam objective findings, that have been recalcitrant to anti-inflammatories, narcotics, muscle relaxers, and a home exercise program. An MRI which was performed in March of 2014 did identify some pathology at the L4-5 and L5-S1 levels and subsequently it would be considered medically reasonable to proceed with an orthopedic spine specialist in approximately six weeks time. Therefore, the request for follow-up 6 weeks Ortho Spine is medically necessary and appropriate.

**Right Transforaminal Epidural Steroid Injection (ESI) L5 and S1 (quantity: 2):** Upheld

**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 injections (ESIs) Page(s): 46.

**Decision rationale:** The documentation fails to identify that the claimant has attempted, exhausted, and failed traditional first-line conservative treatment options in the form of formal physical therapy prior to considering and recommending injection therapy as recommended by the Chronic Pain Guidelines. The recent electrodiagnostic studies fail to identify any radiculopathy of the bilateral lower extremities. Furthermore, the request is for two injections, and prior to considering a second injection the Chronic Pain Guidelines recommend continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation presented for review also suggests that the claimant has had three previous epidural steroid injections in the past without any significant functional or subjective relief and there is no documentation suggesting that the claimant has new, progressive, or worsening subjective complaints or abnormal physical exam objective findings than when she had the first previous set of epidural steroid injections. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines the request for the right transforaminal epidural steroid injection at the L5 and S1 levels times two cannot be considered medically necessary.