

Case Number:	CM14-0114096		
Date Assigned:	08/04/2014	Date of Injury:	05/15/1983
Decision Date:	01/29/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 male patient with injury dates as followed: 05/15/1983-02/18/2011, 10/19/2006, and 12/04/2007. There was no narrative explanations found within the supporting documentation that described mechanisms of injuries. A surgical note dated 10/22/2013 revealed the patient having undergone an anterior lumbar interbody fusion, mobilization of multiple vasculature and plastic closure repair of abdominal wound. The preoperative diagnosis stated degenerative disc disease L4-5. A orthopedic follow up visit dated 12/09/2013 described a periodic review status post surgery that showed the patient with no leg pain, just purely mechanical back complaint. Objective findings revealed radiograph showing consolidation of fusion and wound benign. He had the diagnoses of: cervical spondylosis, radiation to right upper extremity, carpal tunnel syndrome, lumbosacral sprain/strain, lumbar spondylosis L4-5 and L3-4, L4-5 right sided nerve root tumor (unknown etiology), facet arthrosis L4-5, evidence of hardware loosening at L4 and status post lumbar interbody fusion followed by posterior revision of hardware (10/22/2013). The plan of care noted to involve encouraging home exercise and walking programs and follow up in 6 weeks. The injured worker was to remain off work until the next appointment. The next follow up appointment dated 01/13/2014 described in the last f weeks he has experienced a bit of a flare up of back pain that radiated down right leg. Examination found a weakly positive straight leg raise on the right along with tibialis anterior weakness on the right compared to the left. Radiography still consistent with fusion solidifying and hardware in good position. Noted at this time the patient was to begin a formal physical therapy program to focus on core strengthening and trunk stabilization. Lastly, a follow up visit dated 02/24/2014 reported the patient having completed 5 sessions of physical therapy and no outcome reported. A request for services dated 06/16/2014 asking for a cervical spine epidural, and medications Vicodin

Naprosyn and Flexeril. The Utilization review denied the request on 06/24/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical spine epidural block C5 - C6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. In this case radiculopathy is not supported by the physical examination and there is no corroboration by radiographic imaging or electrodiagnostic testing. The request should not be authorized.

1 prescription for Vicodin 5/300 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Criteria For Use Of Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 11, 74-96.

Decision rationale: Vicodin is the compounded medication containing Hydrocodone and Acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be

screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. IN this case there is no documentation about the duration or effectiveness of the opioid medication. If the opioid is a long-term medication, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for opioid use have not been met. The request should not be authorized.

1 prescription for Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naprosyn (Naproxen); Non-steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68.

Decision rationale: Naproxyn is Naproxen, a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case there is no documentation of duration or effectiveness of treatment with Naprosyn. The duration of treatment is for at least 30 days. The duration of treatment increases the risk of adverse effects with no documented benefit. The request should not be authorized.

1 prescription of Flexeril 10mg #60: Upheld

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

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

Decision rationale: Flexeril is the muscle relaxant Cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in

patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in lower back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In the case the requested quantity of medication indicates use for at least 20 days. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.