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| Case Number: | CM14-0188565 | | |
| Date Assigned: | 11/19/2014 | Date of Injury: | 09/27/2006 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 27, 2006. In a Utilization Review Report dated October 21, 2014, the claims administrator partially approved a request for an L4-L5 Epidural Steroid Injection under fluoroscopic guidance and conscious sedation as an L4 Epidural Steroid Injection under fluoroscopic guidance alone, partially approved retrospective request for Flexeril, and denied a prospective request for Flexeril. The claims administrator stated that its decisions were based on a progress note of October 14, 2014. The applicant's attorney subsequently appealed. In an October 28, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain, 8-9/10. The applicant was also depressed. The applicant stated that her pain levels would drop from 8-9/10 without medications to 4-5/10 with medications. The applicant also reported paresthesias about the digits. The applicant was using Duragesic, Percocet, Flexeril, Neurontin, Prilosec, Imitrex, Glucophage, it was acknowledged. The applicant was status post two prior shoulder surgeries, a sinus surgery, and a carpal tunnel syndrome. The applicant was diabetic and had issues with peptic ulcer disease, it was noted. The applicant stated that she was trying to quit smoking. The applicant was widowed, it was noted. The attending provider alluded to the applicant's having had electrodiagnostic testing of lower extremities of October 14, 2014 demonstrating bilateral L4 radiculitis. The attending provider noted that, in her experience, that applicants often did much better with sedation when employed in conjunction with epidural steroid injectio therapy. Electrodiagnostic testing of the upper extremities and MRI imaging were sought. On October 14, 2014, the applicant reported ongoing complaints of low back and neck pain, 9-10/10 without medications versus 5-6/10 with medications. The applicant had electrodiagnostic testing demonstrating bilateral L4 radiculitis, it was stated. The applicant was diabetic, it was

acknowledged. Flexeril was renewed. Epidural steroid injection under fluoroscopy with conscious sedation was sought. The remainder of the file was surveyed. In a Utilization Review Report dated February 14, 2014, an epidural steroid injection was approved at the L4-L5 level. The applicant underwent a Transforaminal Epidural Steroid Injection on the left, at the L4 level, with IV sedation, on March 5, 2014. On March 6, 2014, the applicant was using Lyrica, Xanax, tramadol, and Butrans, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance And Conscious Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request in question does represent a repeat epidural steroid injection as the applicant has had at least one prior Epidural Steroid Injection in March 2014 alone. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. The applicant still remains dependent on various analgesic and adjuvant medications, including Duragesic, Percocet, Neurontin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite one prior epidural steroid injection. Therefore, the request for a repeat Epidural Steroid Injection at the L4 level is not medically necessary.

Retrospective use of Flexeril 7.5mg #60 date of service (DOS) 10/14/2014: Partially Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Duragesic, Percocet, Neurontin, Imitrex, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of Flexeril at issue represents treatment in excess of the "short-course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Flexeril for DOS 10/14/2014 is not medically necessary.

Prospective use of Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant is, in fact, concurrently using a variety of other agents, including Duragesic, Neurontin, Percocet, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of Cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Flexeril is not medically necessary.