

Case Number:	CM14-0190316		
Date Assigned:	11/21/2014	Date of Injury:	02/11/1997
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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] insured who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; topical compounds; opioid agents; and work restrictions. In a November 5, 2014 progress note, the claims administrator partially approved a request for Norco, denied an epidural steroid injection, denied medial branch blocks, approved Naprosyn, and denied Flexeril. The claims administrator stated that the attending provider had not outlined material benefit with ongoing Norco usage and, furthermore, suggested that the applicant was not working. The claims administrator stated that the applicant had likewise failed to profit from earlier epidural injections. The claims administrator stated that its decision was based on a report dated October 21, 2014 and a Request for Authorization (RFA) form received October 29, 2014. In an October 29, 2014 questionnaire, the applicant acknowledged that he was no longer working and had last worked on June 13, 2014. The applicant reported 6-7/10 pain despite ongoing usage of Naprosyn, Norco, and Flexeril. In a progress note of the same date, October 29, 2014, the applicant reported persistent complaints of low back pain. The applicant stated that he was unable to continue working. The applicant had received an epidural steroid injection on May 15, 2014, with reportedly fleeting relief, as well as two prior epidural steroid injections in December 2013 and June 2013. The applicant had had 18 sessions of acupuncture, manipulative therapy, and earlier lumbar decompressed surgery in 2003. The applicant was using Norco, Flexeril, Naprosyn, and LidoPro. A 6-8/10 pain was evident, exacerbated by standing, walking, and/or sitting continuously. Multiple medications were renewed. The attending provider stated that the medications were improving but did not elaborate or expound upon the same. Additional

manipulative therapy was also sought. Permanent work restrictions were renewed. It does not appear that the applicant was working with said limitations in place. In an October 21, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to right lower extremity, 6-7/10. The applicant stated that earlier epidural steroid injection of May 15, 2014 had not generated any relief. The applicant was using Norco, Flexeril, and Naprosyn; it was stated, as of this point in time. All of the aforementioned medications were refilled. Both epidural steroid injection therapy and medial branch blocks were sought. The applicant exhibited a diminished right lower extremity strength with hypo sensorium also appreciated about the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant had not worked for several months as of the date of the request. The applicant's pain complaints were scored at 6-8/10, despite ongoing Norco usage. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

1 transforaminal epidural steroid injections at L5 and S1 nerve: Upheld

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

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 request for a repeat epidural block. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that 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 and has not worked in several months, despite multiple prior epidural steroid injections in

2013 and 2014 alone. The previous epidural steroid injections had failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple prior epidural steroid injections over the course of the claim. Therefore, the request for repeat epidural steroid injection is not medically necessary.

1 medial branch blocks at left L4-5 and L5-S1 facets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, of which the medial branch blocks at issue are a subset, are deemed "not recommended." While ACOEM Chapter 12, page 301 does establish a limited role for diagnostic medial branch blocks as a precursor to pursuit of facet neurotomies, in this case, however, the applicant does not appear to have facetogenic low back pain for which diagnostic medial branch blocks could be considered. The applicant was consistently described on multiple office visits, as reference above, as exhibiting low back pain radiating to right leg. Hypo sensorium and diminished right lower extremity strength were consistently appreciated, suggesting an active lumbar radiculitis process. The request, thus, is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as owing to the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.

1 prescription of Flexeril 7.5mg #30: 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 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, concurrently using a variety of other agents, including Naprosyn, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of Flexeril at issue represents treatment in excess of the "short course of therapy" for which Flexeril (cyclobenzaprine) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.