

Case Number:	CM14-0206128		
Date Assigned:	12/18/2014	Date of Injury:	04/23/2009
Decision Date:	02/25/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Maryland, District of Columbia
 Certification(s)/Specialty: Internal Medicine

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 employee was a 60 year old male who sustained an industrial injury on 04/23/09. He had an MRI of the lumbar spine on 02/07/14 with multiple disc protrusion/spondylosis/stenosis. The progress note from 10/28/14 was reviewed. Subjective complaints included low back pain, radiating into both the legs, with tingling and numbness. He was noted as retired. He had lumbar epidural steroid injection in past that improved his lower extremity pain and numbness. The prior LESI was on 07/11/14. It provided a 50-60% relief and he was able to perform daily ADLs. His pain level was 6/10 and he was on multiple medications. Pertinent objective findings included paralumbar spasms and tenderness to palpation bilaterally. Atrophy was noted in the quadriceps. Straight leg raising test was positive at 40 degrees on the left. Range of motion of the spine was limited secondary to pain with absent lower extremity deep tendon reflexes at the knees. Sensation to light touch is decreased on the left, in the lateral thigh. Diagnoses were lumbar disc displacement, low back pain and lumbar radiculopathy. Prior to the ESI, his pain level was 8-9/10. He had pain relief and decreased use of medications after his prior ESI in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

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

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Norco 6 times a day. There was documentation that there was functional improvement after the lumbar ESI. But there is no documentation on how Norco helped his pain. There was also no recent urine drug screen. Given the lack of clear documentation on functional improvement and lack of efforts to rule out unsafe usage, the criteria for continued use of Norco #180 have not been met.

Cyclobenzaprine 7.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS, Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain. He had not been on Flexeril prior to the visit in question. He had worsening of back pain and was awaiting authorization of a repeat lumbar ESI. The request for Flexeril 7.5mg #90 is medically necessary and appropriate.

Bilateral lumbar epidural injection at L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

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

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. In the therapeutic phase, repeat blocks should be based upon continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The employee had improvement of pain from 8-9/10 to 5-6/10. He also had resolution of

symptoms except while walking in his lower extremities. He had decreased use of opioids in the past with ESI. He met criteria for a repeat epidural steroid injection bilaterally at L4-L5.