

Case Number:	CM14-0208592		
Date Assigned:	12/22/2014	Date of Injury:	03/04/2014
Decision Date:	02/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, ankle, foot, and leg pain reportedly associated with an industrial injury of March 4, 2014. In a Utilization Review Report dated December 8, 2014, the claims administrator approved fenoprofen while denying requests for Flexeril and an epidural steroid injection. The claims administrator referenced a November 11, 2014 progress note in its determination. In a progress note dated July 21, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. A lumbar support, acupuncture, pain management consultation, and neurosurgery consultation were endorsed. In a September 5, 2015 consultation, the applicant reported persistent complaints of low back pain radiating to the right leg with associated burning about the right lower extremity. The applicant was using Naprosyn and Norco for pain relief. The applicant was seemingly off of work and had a history of a lengthy absence associated with a historical Workers' Compensation claim, it was incidentally noted. No clear treatment recommendations were furnished. In a June 10, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right lower extremity. Positive right-sided straight leg raising with decreased sensorium about the right leg was appreciated. Decreased strength was also appreciated about the right lower extremity versus left. An epidural steroid injection was endorsed. The attending provider stated on this occasion that he was seeking a series of three epidural steroid injections. Flexeril and Vicodin were endorsed. The applicant's work status was not clearly outlined on this occasion. In a September 17, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right

leg. The applicant was given work restrictions on this occasion, although the attending provider has suggested that the applicant's employer was unable to accommodate these limitations. Positive straight leg raising was noted with hyposensorium and weakness appreciated about the right leg. The attending provider noted that the applicant had multilevel disk bulges generating nerve root impingement at the L3 and L5 levels, among others. The applicant had completed 24 sessions of physical therapy through this point in time, and had not improved, the treating provider noted. An epidural steroid injection was therefore endorsed. The remainder of the file was surveyed. The November 11, 2014 progress note and associated RFA form on which the request in question were initiated were not seemingly incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Antiinflammatory Medications Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as fenoprofen are recommended in the treatment of various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the applicant was described on an earlier office visit of September 5, 2014 as using Naprosyn, another antiinflammatory medication, for pain relief. The attending provider did not make it clear whether the prescription for fenoprofen was intended to replace previously prescribed Naprosyn or whether he intended for the applicant to employ two different NSAIDs concurrently. The November 11, 2014 progress note on which the article in question was sought was not, it is further noted, incorporated into the Independent Medical Review packet. Therefore, the request was not medically necessary.

Flexeril 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 was/is using a variety of other agents, including Naprosyn, fenoprofen, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine at issue does seemingly represent 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 was not medically necessary.

Lumbar epidural steroid injection: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the information on file does suggest that the applicant has clinically-evident, radiographically-confirmed lumbar radiculopathy with evidence of disk protrusion and associated thecal sac effacement/nerve root impingement appreciated on lumbar MRI imaging, referenced above. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, moreover, supports up to two diagnostic blocks. The request in question does seemingly represent a first-time epidural injection. Moving forward with the same is indicated, given the seeming failure of other conservative measures. Therefore, the request is medically necessary.