

Case Number:	CM14-0213535		
Date Assigned:	02/09/2015	Date of Injury:	03/15/2001
Decision Date:	04/01/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/16/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 65-year-old male, who sustained an industrial injury on 3/15/2001. The current diagnosis is status post lumbar fusion, grade I retrolisthesis L3-L4. Currently, the injured worker complains of severe low back and right leg pain. The pain is rated of levels up to 10/10 on a subjective pain scale. Treatment to date has included medications, activity modifications, prolonged rest, and epidural steroid injection. The treating physician is requesting Fioricet 325/50/40mg #90, Flexeril 10mg #60, TENS unit, and lumbar epidural steroid injection, L3-L4 x 1 bilaterally, which is now under review. On 12/16/2014, Utilization Review had non-certified a request for Fioricet 325/50/40mg #90, Flexeril 10mg #60, TENS unit, and lumbar epidural steroid injection, L3-L4 x 1 bilaterally. The TENS unit, Fioricet, and Flexeril were modified. The California MTUS Chronic Pain and Official Disability Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENs unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 116.

Decision rationale: The patient presents with severe low back and right leg pain rated 10/10. The request is for TENS UNIT. The RFA is not provided. Patient's diagnosis included status post lumbar fusion and grade I retrolisthesis L3-L4. Treatment to date has included medications, activity modifications, prolonged rest, and epidural steroid injection. Patient is temporarily totally disabled. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Review of the medical reports did not show a prior use of TENS unit. In this case the patient presents with chronic low back and radicular symptoms for which a trial of TENS unit may be indicated. However, MTUS recommends trying one-month home use before a permanent unit is to be used. There is no evidence that the patient has successfully had one month trial. The request IS NOT medically necessary.

Fioricet 325/50/40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition, web Pain Chapter, Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The patient presents with severe low back and right leg pain rated 10/10. The request is for FLORICET 325/50/40 MG #90. The RFA is not provided. Patient's diagnosis included status post lumbar fusion and grade I retrolisthesis L3-L4. Treatment to date has included medications, activity modifications, prolonged rest, and epidural steroid injection. Patient is temporarily totally disabled. Barbiturate-containing analgesic agents (BCAs) (MTUS p23) Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). See also Opioids. Treater does not provide a rationale for the request. Review of the medical reports does not indicate the initiation date for Fioricet. MTUS does not support Barbiturate-containing analgesic agents for chronic pain. The request IS NOT medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with severe low back and right leg pain rated 10/10. The request is for FLEXERIL 10MG #60. The RFA is not provided. Patient's diagnosis included status post lumbar fusion and grade I retrolisthesis L3-L4. Treatment to date has included medications, activity modifications, prolonged rest, and epidural steroid injection. Patient is temporarily totally disabled. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." A prescription for Flexeril was first prescribed on 10/15/14. The patient has been taking the medication consistently at least since then. However, MTUS only recommends short-term use of muscle relaxants such as Flexeril. The current request of Flexeril #60 does not indicate intended short-term use. Hence, this request IS NOT medically necessary.

Lumbar epidural steroid injection, L3-L4 x 1 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with severe low back and right leg pain rated 10/10. The request is for LUMBAR EPIDURAL STEROID INJECTION L3-L4 X1 BILATERALLY. The RFA is not provided. Patient's diagnosis included status post lumbar fusion and grade I retrolisthesis L3-L4. Treatment to date has included medications, activity modifications, prolonged rest, and epidural steroid injection. Patient is temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on 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. In this case, on 08/04/14, the patient underwent an epidural injection at L3-L4 level without discussion or documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks for a repeat injection to be warranted. Furthermore, the provided reports do not show evidence of a clear diagnosis of radiculopathy, with positive examination, and an MRI or other imaging study showing a potential nerve root lesion. The request IS NOT medically necessary.

