

Case Number:	CM15-0100818		
Date Assigned:	06/03/2015	Date of Injury:	08/27/2013
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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(n) 56 year old male, who sustained an industrial injury on 8/27/13. He reported pain in his lower back and left ankle. The injured worker was diagnosed as having L5-S1 disc protrusion, L2 and L4 compression fracture and left ankle fracture. Treatment to date has included acupuncture x 18 visits with reduction in pain, physical therapy and a TENs unit. Current medications include Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine (since at least 7/11/14). As of the PR2 dated 5/1/15, the injured worker reports 7/10 pain in the right foot/ankle, 3/10 pain in the left foot/ankle and 5/10 pain in the lower back. Objective findings include pain with range of motion of foot at ankle, decreased lumbar range of motion and a positive straight leg raise test bilaterally. The treating physician noted that the injured worker was unable to complete physical therapy due to pain. The treating physician requested a lumbar epidural steroid injection at L5-S1, Hydrocodone 10/325mg #60, Naproxen 550mg #90, Pantoprazole 20mg #90 and Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (lumbar epidural steroid injections) L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with low back pain with lower extremity symptoms. The request is for LESI (LUMBAR EPIDURAL STEROID INJECTIONS) L5-S1. RFA with the request not provided. Patient's diagnosis on 04/10/15 includes protrusion 4mm L5-S1, with neural encroachment and radiculopathy, compression fracture, L2 and L4, and left ankle fracture. Physical examination to the lumbar spine on 04/10/15 revealed spasm to paraspinal muscles, and normal range of motion. Positive straight leg raise test bilaterally. Treatment to date has included acupuncture, physical therapy, home exercise program, TENS unit and medications. Patient's medications include Hydrocodone, Tramadol, Naproxen, Duloxetine, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/10/15 report. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "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." Per 04/10/15 report, treater states "discussed refractory nature of radicular component. This is a request for epidural injection bilateral L5-S1. Injection will be diagnostic as well as potentially therapeutic." Physical examination to the lumbar spine on 04/10/15 revealed spasm to paraspinal muscles, and normal range of motion. Positive straight leg raise test bilaterally. It does not appear patient had prior ESI to L5-S1, and a lumbar ESI would appear to be indicated, given treater's diagnosis of "protrusion 4mm L5-S1, with neural encroachment and radiculopathy." In this case, treater has documented failure of conservative therapies to manage this patient's pain, as well as physical examination findings in the bilateral lower extremities. However, no imaging or electrodiagnostic studies corroborating radicular symptoms at the requested level was provided. While this patient does present with significant pain, and a diagnosis stating level to be injected, without documented diagnostic studies clearly showing radiculopathy at L5 and S1, the request for lumbar ESI cannot be substantiated. Therefore, the request IS NOT medically necessary.

Hydrocodone 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with low back pain with lower extremity symptoms. The request is for HYDROCODONE 10/325MG #60. RFA with the request not provided. Patient's diagnosis on 04/10/15 includes protrusion 4mm L5-S1, with neural encroachment and radiculopathy, compression fracture, L2 and L4, and left ankle fracture. Physical examination to the lumbar spine on 04/10/15 revealed spasm to paraspinal muscles, and normal range of motion. Positive straight leg raise test bilaterally. Treatment to date has included acupuncture, physical therapy, home exercise program, TENS unit and medications. Patient's medications include Hydrocodone, Tramadol, Naproxen, Duloxetine, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/10/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Hydrocodone has been included in patients medications, per progress reports dated 12/05/14, 02/27/15 and 04/10/15. Per 04/10/15 report, treater states "Hydrocodone 10mg does decrease bouts of severe and 'breakthrough' pain component... Significant taper of schedule 2 opioid which is now reserved for breakthrough and severe pain only..." decreases average 3-4 points. Medication at current dosing facilitates maintenance of ADL's... including light household duties, shopping for groceries, grooming and cooking... objective improvement with medication on board including tolerance to activity and improved function...no side effects... most recent labs indicate hepatic panel within normal limits... IR opioid facilitates improved tolerance to activity/exercise which is encouraged... enabling exercise/activity and maintenance of ADL... Consumes this medication compliant with Guidelines on an as needed basis only for severe and for breakthrough... Screened patient for aberrant and non-adherent drug related behavior..." UDS reports dated 12/05/14, 12/26/14, and 02/27/15 were provided. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this retrospective request IS/WAS medically necessary.

Naproxen 550mg #90 (dos 4/10/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with low back pain with lower extremity symptoms. The request is for NAPROXEN 550MG #90 (DOS 4/10/15). RFA with the request not provided. Patient's diagnosis on 04/10/15 includes protrusion 4mm L5-S1, with neural encroachment and radiculopathy, compression fracture, L2 and L4, and left ankle fracture. Physical examination to the lumbar spine on 04/10/15 revealed spasm to paraspinal muscles, and normal range of motion. Positive straight leg raise test bilaterally. Treatment to date has included acupuncture, physical therapy, home exercise program, TENS unit and medications. Patient's medications include Hydrocodone, Tramadol, Naproxen, Duloxetine, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/10/15 report. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient's medications, per progress reports dated 12/05/14, 02/27/15 and 05/01/15. Per 04/10/15 report, treater states "NSAID does facilitate improved range of motion and decreased 'achy pain' an additional 3 point average with improved range of motion... Medication at current dosing facilitates maintenance of ADL's... including light household duties, shopping for groceries, grooming and cooking... objective improvement with medication on board including tolerance to activity and improved function..." Given patient's continued pain and documentation of functional improvement, the request for Naproxen appears reasonable and in accordance with guidelines. Therefore, this retrospective request IS/WAS medically necessary.

Pantoprazole 20mg #90 (dos 4/10/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with low back pain with lower extremity symptoms. The request is for PANTOPRAZOLE 20MG #90 (DOS 4/10/15). RFA with the request not provided. Patient's diagnosis on 04/10/15 includes protrusion 4mm L5-S1, with neural encroachment and radiculopathy, compression fracture, L2 and L4, and left ankle fracture. Physical examination to the lumbar spine on 04/10/15 revealed spasm to paraspinal muscles, and normal range of motion. Positive straight leg raise test bilaterally. Treatment to date has included acupuncture, physical therapy, home exercise program, TENS unit and medications. Patient's medications include Hydrocodone, Tramadol, Naproxen, Duloxetine, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/10/15 report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors.

Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole and Naproxen have been included in patients medications, per progress reports dated 12/05/14, 02/27/15 and 04/10/15. Per 04/10/15 report, treater states the patient "recalls history of GI upset with NSAID with no PPI, PPI at qu and bid dosing, however denies GI upset with PPI at current dose, tid. No history of ulcer, hemoptysis, hematochezia and denies any history of cardiac issues. Recalls failed 1st line PPI." MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Treater has documented patient's GI risk assessment and benefit from medication. The request to continue PPI prophylactic therapy appears reasonable. Therefore, this retrospective request IS/WAS medically necessary.

Cyclobenzaprine 7.5mg #90 (dos 4/10/15): Upheld

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

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

Decision rationale: Based on the 04/10/15 progress report provided by treating physician, the patient presents with low back pain with lower extremity symptoms. The request is for CYCLOBENZAPRINE 7.5MG #90 (DOS 4/10/15). RFA with the request not provided. Patient's diagnosis on 04/10/15 includes protrusion 4mm L5-S1, with neural encroachment and radiculopathy, compression fracture, L2 and L4, and left ankle fracture. Physical examination to the lumbar spine on 04/10/15 revealed spasm to paraspinal muscles, and normal range of motion. Positive straight leg raise test bilaterally. Treatment to date has included acupuncture, physical therapy, home exercise program, TENS unit and medications. Patient's medications include Hydrocodone, Tramadol, Naproxen, Duloxetine, Pantoprazole and Cyclobenzaprine. The patient is temporarily partially disabled, per 04/10/15 report. 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." Cyclobenzaprine has been included in patients medications, per progress reports dated 12/05/14, 02/27/15 and 04/10/15. Per 04/10/15 report, treater states "Cyclobenzaprine decreases spasm for approximately 4-6 hours, facilitating marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level average 3-4 pints average... Medication at current dosing facilitates maintenance of ADL's... including light household duties, shopping for groceries, grooming and cooking... objective improvement with medication on board including tolerance to activity and improved function..." However, MTUS only recommends short-term use of muscle relaxants. The patient has been prescribed Cyclobenzaprine at least since 12/05/14 report, which is more than 4 months from progress report dated 04/10/15. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, this retrospective request IS/WAS NOT medically necessary.

