MAXIMUS Federal Services

Case Number:	CM15-0134476		
Date Assigned:	07/22/2015	Date of Injury:	09/23/2013
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker was a 41 year old male, who sustained an industrial injury, September 23, 2013. The injury was sustained when the injured worker was performing normal work duties of sorting and moving items using a pallet jack. The injured worker was stacking items and throwing bags around 75-80 pounds into a truck when, one day felt a sudden sharp pain in the back. The injured worker previously received the following treatments Diclofenac, Skelaxin, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities which showed bilateral L5 sensory radiculopathy and Lumbar spine MRI. The injured worker was diagnosed with L5 and S1 3mm broad posterior disc protrusion with possible lumbar radiculopathy, lumbosacral sprain/strain injury, Thoracic sprain/strain and right wrist sprain/strain injury. According to progress note of June 18, 2015, the injured worker's chief complaint was lower back pain. The injured worker rated the pain at 7 out of 10. The injured worker was having poor quality of sleep. The physical exam noted the injured worker walked with a slow gait without the use of an assistive device. There was tenderness to palpation over the paraspinal muscles. The facet joint loading test was positive for pain on the left. The straight leg raises were positive in the seated and supine position to 65 degrees bilaterally. There was right wrist revealed tenderness to palpation over the radial aspect of the wrist. The treatment plan included one bilateral transforaminal lumbar epidural steroid injection at L5 and a prescription for Diclofenac and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral transforaminal lumbar epidural steroid injection at L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Electrodiagnostic studies (EDS).

Decision rationale: 1 Bilateral transforaminal lumbar epidural steroid injection at L5 is not medically necessary per the MTUS Guidelines. The 3/25/15 electrodiagnostic study indicates that the patient has an L5 sensory radiculopathy determined from absent bilateral superficial sensory potentials. There is no evidence of muscle membrane instability or motor unit action potential changes on needle EMG. The ODG states that nerve conduction studies (NCS) are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back. The documentation is not clear on how an L5 sensory radiculopathy was determined from absent bilateral superficial sensory potentials which are expected to be normal in radiculopathy. Furthermore, pure sensory radiculopathy would be expected to produce a normal EMG and normal nerve conduction studies. Furthermore, neither the physical exam nor the lumbar imaging study are clear that there is compromise of the bilateral L5 nerve roots. For these reasons the request for a transforaminal lumbar epidural steroid injection is not medically necessary.

Diclofenac Sodium EC 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac.

Decision rationale: Diclofenac Sodium EC 50mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Diclofenac is not recommended as first line due to increased risk profile and per a large systematic review of available evidence on NSAIDs confirms that diclofenac, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The MTUS guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal

function. The request for continued Diclofenac is not medically necessary as the patient has been on NSAIDs long term which is not in accordance with the MTUS Guidelines. Furthermore, the guidelines recommend against Diclofenac use due to increased risk profile and the progress notes indicated slight elevated blood pressure measurements. For these reasons the request for Diclofenac is not medically necessary.

Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin (metaxalone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin); Muscle relaxants (for pain) Page(s): 61, 65 and 63.

Decision rationale: Skelaxin 800mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Skelaxin is reported to be a relatively non-sedating muscle relaxant. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates that the patient has been on muscle relaxants long term. The documentation indicates the patient has chronic pain rather than acute exacerbation of pain. The request for Skelaxin 800mg #60 is not medically necessary.