

Case Number:	CM15-0135864		
Date Assigned:	07/23/2015	Date of Injury:	06/07/2013
Decision Date:	09/18/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: Indiana

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 injured worker is a 57-year-old female who sustained an industrial injury on 06/07/2013. Mechanism of injury occurred when she was assaulted by a patient and was thrown into a door and fell to the ground striking her head, injuring her head, shoulder, neck and back. Diagnoses include lumbar degenerative disc disease, and lumbar radiculitis, cervical spine radiculopathy and cervical degenerative disc disease. Treatment to date has included diagnostic studies, medications, cervical and lumbar epidural steroid injections, lumbar brace, and physical therapy. On 07/11/2014, an unofficial report of a cervical Magnetic Resonance Imaging reveals mild diffuse discogenic disease with a 2-3mm posterior disc bulges extending from C3 to T1 causing mild effacement of the thecal sac. No significant spinal stenosis. There is mild neural foraminal narrowing on the right at C4-5, and C5-6 and C6-7. A physician progress note dated 06/18/2015 documents the injured worker complains of low back pain to his bilateral legs, neck pain with radiation to her bilateral shoulders. She rates her pain as 6-7 out of 10. She received 50-60% relief after a cervical epidural steroid injection. Her oral medications help with her pain and allow 50-60% improvement in function with activities of daily living. Lumbar range of motion is restricted, and straight leg raise is positive bilaterally. There is tenderness at L4-5. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for 1 TENS unit for home use (indefinite use), Bilateral epidural steroid injection L5-S1 with fluoroscopy, Norco 10/325mg Qty: 120, Restoril 30mg Qty: 30, and Soma 350mg Qty: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 80, 81, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back & Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 325/10mg # 120 is not medically necessary.

Restoril 30mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Temazepam.

Decision rationale: Temazepam is a benzodiazepine. MTUS states regarding benzodiazepine, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG also notes "Not recommended" and "Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." Medical records indicate that the patient has been on benzodiazepines far in excess of 4 weeks. The original utilization review modified the request for purposes of weaning, which was appropriate. As such, the request is not medically necessary.

Soma 350mg Qty: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma; muscle relaxants Page(s): 29-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol).

Decision rationale: Soma is the brand name version of the muscle relaxant carisoprodol. MTUS guidelines state that Soma is "Not recommended. This medication is not indicated for long-term use." MTUS continues by discussing several severe abuse, addiction, and withdrawal concerns regarding Soma. Soma is not recommended for longer than a 2 to 3 week period and that weaning of medication should occur, according to MTUS. The request for SOMA 350MG, #120 is in excess of the guidelines and weaning should occur. As such, the request is not medically necessary.

Bilateral epidural steroid injection L5-S1 with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications, but the progress reports do not document how long the patient has been on these medications and the "unresponsiveness" to the medications. Additionally, treatment notes do not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). As such, the request is not medically necessary.

1 TENS unit for home use (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Interferential unit Page(s): 114-118.

Decision rationale: ACOEM guidelines state, "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits." The treating physician's progress notes do not indicate that the patient has poorly controlled pain, concerns for substance abuse, pain from postoperative conditions that limit ability to participate in exercise programs/ treatments, or is unresponsive to conservative measures. As such, current request for interferential unit is not medically necessary.