

<b>Case Number:</b>	CM15-0138739		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/08/1997
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 63 year old female, who sustained an industrial injury on 7/8/97. The injured worker was diagnosed as having chronic pain, stenosis of unspecified region, lumbago and lumbar radiculitis. Treatment to date has included lumbar steroid injection, acne for ambulation, (MRI) magnetic resonance imaging of lumbar spine performed on 8/21/14 revealed multi-level degenerative disc changes of the lumbar spine. Significant bilateral neural foraminal stenosis is noted at L5-S1 with mild to moderate spinal canal stenosis at L4-5. (NCV)Nerve Condition Velocity performed on 8/27/14 revealed reduced amplitude of the left peroneal motor nerve. Currently on 6/10/15, the injured worker reports no changes; on 1/21/15 she complained of lumbar pain and lower extremity pain. Physical exam performed on 6i/10/15 revealed restricted range of motion of lumbar spine, impaired sensation to touch in bilateral L5 and antalgic gait. The treatment plan included refilling Ultracet, Protonix, Naproxen, Cyclobenzaprine and lumbar epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection to the bilateral L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

**Decision rationale:** Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, there are no clinical documents or pain journals as recommended per guidelines. The request for ESK L4-L5 is not medically appropriate and necessary.

**Cyclobenzaprine HCL 5mg #60 with 1 refill:** 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 Page(s): 63, 64.

**Decision rationale:** Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence of efficacy, decreased pain or functional benefit with prior use noted in the clinical documents. The request for Cyclobenzaprine 5 mg #60 is not medically appropriate and necessary.

**Prilosec 20mg #30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI.

**Decision rationale:** Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, the patient is on protonix as well as prilosec and there is no rationale for prescribing both agents. The request for Prolosec 20mg #30 with 1 refill is not medically appropriate and necessary.