

Case Number:	CM15-0190853		
Date Assigned:	10/05/2015	Date of Injury:	07/27/2004
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/28/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 59-year-old female who sustained an industrial injury on 7-27-2004. Diagnoses have included low back pain, degeneration of lumbosacral intervertebral disc, lumbar post-laminectomy syndrome, radiculopathy, diffuse regional myofascial pain, and chronic pain syndrome. Her last MRI was 5-11-2015, and electromyography in 2013. Documented treatment includes L5-S1 bilateral foraminotomy, facetectomy and discectomy in 2005; right L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance 6-8-2015 with reported greater than 50 percent benefit stated as "waning" as of 9-14-2015; physical therapy; home exercise; and, medications: Ibuprofen; Methylprednisolone; Cyclobenzaprine; Flector patches; Ultram; and, Terocin patches. Provided records show that she has been using Flector patches and cyclobenzaprine since at least 4-2015, and Ultram for greater than 18 months. At the 9-15-2015 visit the physician noted "resumption and worsening" of right lower extremity radiculopathy, neural tensioning, antalgic gait, positive seated straight leg raise on the right, absent right knee reflex, and hypoesthesia in the right S1 distribution. The treating physician's plan of care includes repeat right L5-S1 transforaminal epidural steroid injection, right lower electromyography to determine if radiculopathy is acute or chronic, and medications: Flector #30 with 5 refills; Ultram #60 with 5 refills, and cyclobenzaprine #30 with 5 refills. Request was non-certified on 9-23-2015. Continues working with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal 12 hour patch-apply 1 patch twice a day for 30 days, # 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per the California MTUS guidelines, topical NSAIDs are only recommended for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." They should only be use for Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Use for neuropathic pain is not recommended as there is no evidence to support use. This patient has been documented to have long term, chronic neuropathic and musculoskeletal pain to the lumbar spine. Per MTUS, topical NSAID application is not warranted for this indication. Therefore, based on the submitted medical documentation, the request for flector 1.3% is not medically necessary.

Ultram 50mg-take 1 tablet every 6 hours by oral route as needed for 30 days, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. Per MTUS guidelines, "Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction." Per ODG, Tramadol is associated with an increased risk for hypoglycemia requiring hospitalization. Although rare, tramadol-induced hypoglycemia is a potentially fatal, adverse event. "Hypoglycemia adds to mounting concerns about tramadol, a weak opioid, that counter the perception that it is a safer alternative to full opioids." This patient has chronic lumbar pain which is being treated long term with multiple modalities. Ultram use is not recommended for long-term pain and has significant risk of side effects. Its use is not indicated in this case. Therefore, based on the submitted medical documentation, the request for tramadol is not medically necessary.

Cyclobenzaprine 10mg tablet, take 1 tablet every 4-6 hours for 30 days, #30, with 5 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From 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 back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back pain of the lumbar spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not medically necessary.

Right L5-S1 transforaminal ESI (epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Epidural steroid injections (ESIs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per the California MTUS Chronic Pain Treatment Guidelines, epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Per MTUS criteria, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient has been demonstrated to having radiculopathy present on imaging. Results of an EMG supporting the patient's neurologic complaints are not documented. However, 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." The medical records support that patient is still experiencing benefits from their block in June of 2015 with more than 50% pain reduction even though it is waning. Clear, concise evidence of decreased medication use is not documented after this patient's last epidural steroid injection. Hence, the procedure is not indicated by MTUS guidelines. Therefore, based on the submitted medical documentation, the request for an L5-S1 zepidural steroid injection is not medically necessary.

Right lower EMG (electromyography): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Electrodiagnostic studies (EDS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is not recommended if radiculopathy is already clinically obvious." Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has clinically obvious, mild sensory deficits in a radicular distribution on physical exam. Radiculitis is diagnosed in the medical documentation. The patient has already had an EMG in 2013 that supported the patient's clinical findings. Since that time, the patient has reportedly had mild improvement or steady state in pain. Hence, it is unclear what benefit repeat EMG testing would offer. Therefore, based on the submitted medical documentation, the request for EMG testing is not medically necessary.