

Case Number:	CM15-0200919		
Date Assigned:	10/16/2015	Date of Injury:	11/18/2001
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

This 55 year old male sustained an industrial injury on 8-26-05. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome with lumbar intervertebral disc displacement and thoracic spine spondylosis. Previous treatment included lumbar fusion, physical therapy, acupuncture, chiropractic therapy, epidural steroid injections and medications. In a PR-2 dated 9-14-15, the injured worker complained of ongoing mid back, low back and bilateral leg, knee and foot pain, rated 9 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. The physician noted that the injured worker obtained greater than 70% relief and functional improvement with decreased medication requirements lasting 3 to 4 "months weeks" from epidural steroid injections. The physician noted that the injured worker was hospitalized from 5-3-15 to 5-7-15 due to pain. The physician stated that the injured worker underwent thoracic and lumbar epidural steroid injections on 5-6-15 and noted a significant improvement in pain, activities of daily living and overall function. Physical exam was remarkable for tenderness to palpation to the lumbar spine paraspinals with spasms, "decreased" bilateral lower extremity strength and "normal" lower extremity deep tendon reflexes. The injured worker could heel and toe walk normally bilaterally. The treatment plan included continuing Norco, Oxycontin, Fel, Amitiza and Omeprazole, ongoing psychiatric care and appealing denial of right sided L5-S1 epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral, L5--S1, right side transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per ACOEM guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Additionally, as per ODG, criteria for repeat ESI include 50-70% pain relief from initial injection lasting 6-8 weeks. There is documentation of 70% relief of pain and decreased use of medication with a TFESI but it was not noted at what level this was placed and if that is the same as the ones being requested at this time. This request is not medically necessary.

Omeprazole 20 mg Qty 120 with 0 refills, 1 by mouth 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The indication for proton pump inhibitor use is intermediate or high risk of GI side effects. According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (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). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There are no notations of risk factors for GI side effects in the progress notes. This request is not medically necessary and appropriate

Flexeril 10 mg Qty 90, 1 by mouth every 8-12 hours as needed for spasm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Muscle relaxants are recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does reference muscle spasm that the Flexeril would be used for but at this time frame it is not indicated and there is no indication that the Flexeril gave the IW any functional benefit. This request is not medically necessary and appropriate.

Amitiza 24 mcg Qty 60 with 3 refills, 1 by mouth every 12 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids-induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate.com - Lubiprostone.

Decision rationale: Amitiza is FDA approved for treatment of chronic idiopathic constipation, irritable bowel syndrome with constipation, and opioid-induced constipation. Per ODG guidelines, Amitiza is recommended only as a possible second-line treatment for opioid-induced constipation. The documentation states that the IW was successfully treated for opioid induced constipation with Miralax. As a first line agent worked this request is not medically necessary.