MAXIMUS Federal Services

Case Number:	CM15-0208763		
Date Assigned:	10/27/2015	Date of Injury:	08/10/2000
Decision Date:	12/14/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, New York, California
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 applicant is a represented 51-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 10, 2000.In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for cyclobenzaprine and a lumbar epidural steroid injection. The claims administrator referenced September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 16, 2015 office visit, the applicant reported ongoing complaints of and issues with low back pain, highly variable, 4-9/10. The applicant was resting and/or reclined 25% to 30% of the day, the treating provider reported. The applicant had had a prior epidural steroid injection in the preceding month, the treating provider reported. The applicant was very angry and frustrated, the treating provider noted. The applicant's medications included Norco, Flexeril, Senna, Tylenol, Xanax, and Nuvigil, it was reported in one section of the note. The applicant apparently had an indwelling intrathecal pump, it was suggested. A lumbar epidural steroid injection was sought. The applicant's work status was not detailed. Portion of the progress note were difficult to follow as they mingled historical issues with current issues. On October 9, 2015, the applicant again reported ongoing complaints of neck, low back pain, shoulder, mid-back, and hip pain, reportedly worsening, 4 to 9/10. Once again, the applicant's work status was not clearly reported. It was suggested the applicant was using Norco at rate of up to eight tablets daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10mg #90: Upheld

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

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

Decision rationale: No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Silenor, etc. The addition of the cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that 90-tablet supply of cyclobenzaprine (Flexeril) at issue, in and of itself, represented treatment in the excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guideline. Therefore, the request is not medically necessary.

LESI interlaminar block L4-L5: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Similarly, the request for a lumbar epidural steroid injection at L4-L5 was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for repeat epidural steroid injection, the treating provider acknowledged on the September 16, 2015 office visit at issue. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's work and functional status were not reported on September 16, 2015. The fact that the applicant remained dependent on a variety of opioid and non-opioid agents to include Norco, Flexeril, Silenor, Nuvigil, Xanax, etc., coupled with the attending provider's failure to the clearly report the applicant's work status, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of at least one prior lumbar epidural steroid injection. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, further stipulates that repeat blocks should be associated only in claimants who have demonstrated 50% pain relief with an associated reduction in medication in over 6-8 weeks. Here, the attending provider stated in September 16, 2015, the applicant had had an epidural block in the preceding month alone. Thus, it did not appear the attending provider waited the requisite 4- to 6-week interval deemed necessary prior to consideration of repeat epidural steroid injections, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.