

Case Number:	CM15-0023894		
Date Assigned:	02/13/2015	Date of Injury:	04/01/2011
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 1, 2011. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve request for Flexeril, Norco, and lumbar epidural steroid injection. The claims administrator referenced an RFA form of January 30, 2015 and associated progress note of January 7, 2015 in its determination. The applicant's attorney subsequently appealed. Lumbar MRI imaging of July 20, 2014 was notable for a broad-based 5-mm disk protrusion with minimal indentation the thecal sac at the L5-S1 level. Degenerative changes were noted at L4-L5. On January 7, 2013, the applicant reported persistent complaints of low back pain. The applicant's pain complaints were described as entirely axial in nature: 100% back pain and 0% leg pain. The applicant was not working, it was acknowledged. Severe pain complaints were noted. The applicant was using Norco at a rate of eight tablets daily, it was noted. Epidural steroid injection therapy was endorsed to treat the applicant's alleged annular tear. Flexeril and Norco were apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R.9792.20 9.

Decision rationale: 1. No, the request for Flexeril (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 not recommended. Here, the applicant was/is concurrently using Norco, an opioid agent. Adding cyclobenzaprine or Flexeril to the mix was not recommended. Therefore, the request was not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 2. Similarly, the request for Norco, a short-acting opioid was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. The applicant continues to report pain complaints in the severe range, it was suggested on the most recent office visit of January 7, 2015, despite usage of Norco at a rate of eight tablets daily. The attending provider acknowledged that the applicant had demonstrated only minimal improvement with Norco and was still experiencing severe pain complaints, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Transforaminal bilateral epidural steroid injection L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R..

Decision rationale: 3. Finally, the request for a transforaminal epidural steroid injection at L5-S1 was not medically necessary, medically appropriate, or indicated here. While page 46 of the

MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, here, however, the applicant's pain complaints were entirely axial, per a January 7, 2015 progress note. The applicant did not have any radicular pain complaints evident on that date. The attending provider stated that he was intent on pursuing epidural steroid injection therapy for purported annular tear. This is not an accepted role for epidural steroid injections, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.