

Case Number:	CM15-0028773		
Date Assigned:	02/20/2015	Date of Injury:	05/14/2011
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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 Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 43 year old female, who sustained an industrial injury on May 14, 2011. She has reported pain of the neck and back. Her diagnoses include lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical radiculopathy, cervical myofascial strain, and thoracic myofascial strain. Diagnostic testing includes MRI, electrodiagnostic studies, and urine drug testing. On November 18, 2014, her treating physician reports neck pain, rated 5/10. The pain was described as burning and pins, and needles. There was radiating pain, numbness, and tingling down the right upper extremity to the fingertips. In addition, there was mid and low back pain, which was worst in the low back. The pain was described as burning and pins, and needles. There was radiating pain, numbness, and tingling down the right lower extremity to the entire foot. The foot pain was worse on the outside aspect. The back pain was worse than the leg pain. The treating physician that she was treated with acupuncture therapy with relief, physical therapy with relief and increased range of motion, chiropractic treatment without benefit, a lumbar transforaminal epidural steroid injection on January 1, 20014 with mild relief for one month, a cervical interlaminar epidural steroid injection with significant relief for six months. Current medications include topical and oral analgesics, muscle relaxant, and anticonvulsant. The physical exam revealed normal bilateral reflexes, negative bilateral straight leg raise, positive bilateral Bowstring sign, and negative Cross leg raise, Spurling's test, and Lhermitte's sign. There was diminished sensation throughout bilateral lower extremities without a specific dermatome, normal strength with full range of motion in all major joints and myotomes cervical 5-sacral 2 in the bilateral upper and lower extremities. There was hypertonicity of the levator scapular;

bilateral upper trapezius, left cervical 3-cervical 6; lumbar paraspinals-more on the right than the left, and the hamstrings were tightness. The midline lumbar 5- sacral 1 was tender to palpation. There was full range of motion of the cervical spine, thoracic spine, and lumbar spine. The bilateral lumbar spine facet loading was positive, and the bilateral Faber's and Gaenslen's were negative, and the sacroiliac thigh thrust test and Waddell's were negative. The treatment plan includes continuing the current muscle relaxant and anticonvulsant medications and a transforaminal epidural steroid injection. On February 17, 2015, the injured worker submitted an application for IMR for review of a request for a transforaminal epidural steroid injection at the right lumbar 5, sacral 1, and sacral 1 selective nerve block, a prescription for Orphenadrine citrate 100mg #60, and a prescription for Gabapentin 600mg #90. The transforaminal epidural steroid injection and selective nerve block was non-certified based on a second injection is only recommended when the first injection resulted in at least 50% improvements. The first injection had resulted in mild pain relief for approximately one month. In addition, the pain had experienced pain relief with conservative treatment methods. The Orphenadrine citrate was non-certified based on the patient continued to have hypertonicity and muscle spasms despite her prior treatment with this medication, and the guidelines do not recommend the prolonged use of muscle relaxants. The Gabapentin was modified based on lack of significant functional improvement with use of this medication, and the guidelines report that this medication is effective in painful neuropathy or for use during the weaning period off opioids. The patient has been using this medication and opioids at the same time. Therefore, initiation of a weaning program appears appropriate and the request is modified for weaning purposes. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal epidural steroid injection at right L5, S1 and S1 selective nerve block:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefits, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for 1 transforaminal epidural steroid injection at right L5, S1 and S1 selective nerve block is not medically necessary.

1 prescription of Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Banflex), Antiflex, Mio-Rel, Orphenate, Orphenadrine generic available.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, ANTISPASTICITY DRUGS Page(s): 63, 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anti-cholinergic effects. MTUS guidelines stated that non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine Citrate ER 100 mg #60 is not medically necessary.

1 prescription of Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. There is no documentation of efficacy and safety from previous use of Gabapentin. Therefore, the prescription of Gabapentin 600mg #90 is not medically necessary.

1 med panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin, School of Nursing, Family nurse practitioner program, Evaluation of hair loss in adult women. Austin (TX): University of Texas at Austin, School of Nursing; 2010 May 21. 18 p.(36 references) - National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wolverton, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." Dermatol Clin 25(2): 195-205, vi-ii.

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of medical panel testing. Medical panel testing such as CBC with diff, liver function testing, creatinine and other blood work up can be used to monitor a systemic infection, immune deficit, anemia,

abnormal platelets level and other hematological, renal and liver abnormalities. There is no clear documentation of a rational behind ordering this test. There is no documentation that the patient is at risk of specific organ damage. Therefore, the request for medical panel testing is not medically necessary.