

<b>Case Number:</b>	CM15-0216878		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/14/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 53 year old female with a date of injury on 5-14-13. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-21-15 reports continued complaints of lower back, upper back, neck, shoulder, wrist and leg pain. The lower back pain is described as burning, aching, stabbing and constant that radiates down the leg with pins and needles. The pain is rated 6-7 out of 10 without medications. Objective findings: lumbar and cervical range of motion is abnormal and with pain on motion. Treatments include: medication, physical therapy, epidurals and acupuncture. Relief after taking medication lasts between 2 and 6 hours. Request for authorization dated 9-28-15 was made for Bilateral transforaminal epidural steroid injections L4 and L5, Daypro 600 mg quantity 60 and Metaxalone 800 mg quantity 90. Utilization review dated 10-5-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral transforaminal epidural steroid injections L4 and L5:** Overturned

**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:** The claimant sustained a work injury in May 2013 when, while working as a dental assistant, she bent over to move a heavy dental chair and developed low back and left elbow pain. She had cervical epidural injections done in June 2014 and May 2015. An MRI of the lumbar spine in April 2014 included findings of moderate to severe degenerative disc disease with mild to moderate right L5/S1 foraminal stenosis and mild foraminal stenosis at L4/5. She was seen by the requesting provider on 09/21/15. She was having pain including low back pain radiating to the leg. Pain without medications was rated at 6-7/10. Physical examination findings included a normal body mass index. There was decreased lumbar spine range of motion with pain. Straight leg raising and Slump testing was positive. There was abnormal bilateral lower extremity sensation and decreased bilateral lower extremity strength. Authorization for bilateral transforaminal epidural injections and they program requested. Metaxalone was being prescribed and was continued. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength and sensation with positive neural tension tests and imaging is reported as showing findings consistent with multilevel foraminal stenosis. She has previously had epidural steroid injections at the cervical level. The requested epidural steroid injection was medically necessary.

**Daypro 600mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in May 2013 when, while working as a dental assistant, she bent over to move a heavy dental chair and developed low back and left elbow pain. She had cervical epidural injections done in June 2014 and May 2015. An MRI of the lumbar spine in April 2014 included findings of moderate to severe degenerative disc disease with mild to moderate right L5/S1 foraminal stenosis and mild foraminal stenosis at L4/5. She was seen by the requesting provider on 09/21/15. She was having pain including low back pain radiating to the leg. Pain without medications was rated at 6-7/10. Physical examination findings included a normal body mass index. There was decreased lumbar spine range of motion with pain. Straight leg raising and Slump testing was positive. There was abnormal bilateral lower extremity sensation and decreased bilateral lower extremity strength. Authorization for bilateral transforaminal epidural injections and they program requested. Metaxalone was being prescribed and was continued. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Daypro (oxaprozin) is 1200 mg per day with a maximum dose of 1800 mg per day. In this case, the claimant has chronic persistent pain. The requested dosing is within

guideline recommendations. Daypro is an ODG formulary first-line medication with generic availability and is referenced in the MTUS guidelines. The request was medically necessary.

**Metaxalone 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (Pain).

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

**Decision rationale:** The claimant sustained a work injury in May 2013 when, while working as a dental assistant, she bent over to move a heavy dental chair and developed low back and left elbow pain. She had cervical epidural injections done in June 2014 and May 2015. An MRI of the lumbar spine in April 2014 included findings of moderate to severe degenerative disc disease with mild to moderate right L5/S1 foraminal stenosis and mild foraminal stenosis at L4/5. She was seen by the requesting provider on 09/21/15. She was having pain including low back pain radiating to the leg. Pain without medications was rated at 6-7/10. Physical examination findings included a normal body mass index. There was decreased lumbar spine range of motion with pain. Straight leg raising and Slump testing was positive. There was abnormal bilateral lower extremity sensation and decreased bilateral lower extremity strength. Authorization for bilateral transforaminal epidural injections and they program requested. Metaxalone was being prescribed and was continued. Metaxalone is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. In this case, the quantity being prescribed is consistent with ongoing long-term use. Continued prescribing is not medically necessary.