MAXIMUS Federal Services

Case Number:	CM15-0224424		
Date Assigned:	11/20/2015	Date of Injury:	04/20/2011
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/16/2015

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: 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 injured worker is a 43-year-old female, who sustained an industrial injury on 4-20-11. The injured worker is diagnosed with cervical and lumbar radiculopathy, cervical and lumbar degenerative disc disease, lumbar facet pain and sacroiliitis. Her work status is as tolerated. A note dated 10-2-15 reveals the injured worker presented with complaints of neck and low back pain that radiates across the lumbar spine to her right lower extremity and is associated with numbness and tingling coupled with a cold feeling in her right leg. Her pain is rated at 7 out of 10. She reports her right leg frequently gives out on her. A physical examination dated 10-2-15 revealed lumbar paraspinal spasms and lumbar spine stiffness. There is tenderness in the lumbar facet joint and the bilateral posterior superior iliac spine (right greater than left). The lumbar spine range of motion is decreased and painful. Treatment to date has included medications-Flexeril, Norco, (both 10-2015) and Ambien; lumbar epidural steroid injections helped significantly, neurosurgical and neuropsychological consultations, psychotherapy and physical therapy. Diagnostic studies include lumbar spine MRI and x-rays, thoracic spine MRI and x-rays and cervical spine MRI. Recent AME neuropsych evaluation documented significant risk factors for possible mediation misuse. A request for authorization dated 10-8-15 for Flexeril 10mg #30 times 3 month refill, Norco 10-325 mg times 3 month refill and series of 3 lumbar epidural blocks at L4-L5 and L5-S1 is non-certified, per Utilization Review letter dated 10-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 x 3 month refill: 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: MTUS Guidelines do not support the chronic use of this muscle relaxant with it recommend use limited to 3 weeks. If there is significant benefit from use the Guidelines do allow for short term limited use during flare-ups, but that is not how it is being recommended and there is no documentation that it provides significant benefit. Under these circumstances, the Flexeril 10mg #30 x 3 month refill is not supported by Guidelines and is not medically necessary.

Norco 10/325mg #60 x 3 month refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests).

Decision rationale: MTUS Guidelines have very specific recommended criteria to justify the long term use of opioids for chronic non-cancer pain. These criteria have not been met for this individual. There is no detailed reporting of the amount and length of pain relief from opioid use. There is no detailing of functional improvements as a result of use and there is no reporting of screening for risk of misuse of monitoring for misuse with CURE reporting and/or periodic drug screens. There are no unusual circumstances to justify an exception to Guidelines. The Norco 10/325mg #60 x 3 month refill is not supported by Guidelines and is not medically necessary.

Series of 3 lumbar epidural blocks L4-5 and L5-S1: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Epdidural-series of 3. Low Back/Epidurals.

Decision rationale: Guidelines support epidural injections only if specific criteria are met. These criteria include a well defined dermatomal radiculopathy that corresponds with diagnostic testing. The criteria also state that a series of 3 injections is not recommended and repeat injections are only recommend if there is several weeks of significant pain relief. If is documented that prior injections were beneficial, but there is no documentation that this met the Guidelines standards of greater than 50% pain relief for greater than 6 weeks. In addition, there are no diagnostic findings that are consistent with the reported levels of dysethesia. There is

no foraminal stenosis or nerve root traction at these levels. Each epidural increases the risk of future compression fractures by 20% and this individual has had a prior fracture at a higher level due to trauma. Over all the Guideline do not support a series of 3 epidural injections and there are no unusual circumstances that support an exception to Guidelines. The Series of 3 lumbar epidural blocks L4-5 and L5-S1 are not medically necessary and appropriate.