

Case Number:	CM15-0038895		
Date Assigned:	03/09/2015	Date of Injury:	11/01/2008
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 39-year-old male sustained an industrial injury on 11/1/08, with subsequent ongoing low back pain. Treatment included lumbar fusion at L5-S1 (11/23/10), epidural steroid injections, medications, and physical therapy. The injured worker reported 60% improvement of low back pain following lumbar fusion. In a comprehensive pain management evaluation dated 12/15/14, the injured worker complained of ongoing, constant, stabbing back pain 4-7/10, on the visual analog scale, with radiation to bilateral thighs that is associated with numbness and tingling. The injured worker reported that he had been experiencing bladder incontinence since lumbar fusion. Current diagnoses included chronic low back pain, anterior lumbar fusion, and lumbar radiculopathy. The treatment plan included prescriptions for Norco 5/325mg one tab twice a day and Flexeril 10 mg daily. On 2/12/2015, Utilization Review non-certified requests for bilateral S1 transforaminal epidural steroid injection, Norco 5/325 mg #60, and Flexeril 10 mg #30 using CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Norco 5/325, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured workers (IW) records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, and urine drug testing with CURES reporting. However, the IW has had minimal decrease in pain and subjective functional improvement on Norco. Additionally, he is not on any first-line medications for neuropathic pain treatment. Based on the available medical information, Norco 5/325 #60 is not medically necessary and appropriate.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Muscle relaxants (for pain) Page(s): 41-42 and 64.

Decision rationale: Per the cited MTUS guideline, Flexeril is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has had minimal improvement in pain with medications. The injured worker (IW) had previously been advised for discontinuation of Flexeril, and based on the minimal improvement of symptoms, the request for Flexeril 10 mg #30 is not medically necessary per the MTUS guidelines.

Bilateral S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker (IW) must have radiculopathy documented by physical exam, with corroborating imaging

or electrodiagnostic studies, and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminar level injection per session. The IW's records from 12/15/2014 demonstrate radicular findings on physical exam, but there are no supporting imaging or electrodiagnostic studies for a lower extremity radiculopathy. Therefore, the request for bilateral S1 transforaminal epidural steroid injection is not medically necessary.