

Case Number:	CM15-0046662		
Date Assigned:	03/19/2015	Date of Injury:	12/12/2000
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 64 year old, male patient, who sustained an industrial injury on 12/12/2000. An orthopedic follow up visit dated 01/07/2015, reported the patient returning to receive an epidural steroid injection. He is considering the prospect of likely having more surgical intervention at some point in the future if interventional pain injections are not helpful. The last injection was given approximately three months prior, a right sided L4-5 interlaminar injection. There was no post injection evaluation report from the Provider but the patient reported significant pain relief. The patient now reports very severe muscle spasms in the low back, which he is prescribed Flexiril. Norco is prescribed 10/325mg and Nabumetone 500mg, treating pain. The patient who is not currently working is retired. The pain was noted to have have increased since the last visit. The patient complains of low back pains that radiate to the right side. The following diagnoses are applied: status post L2-3 fusion with L3-4 degeneration, foraminal stenosis and lumbar radiculopathy. A Utilization Review determination was rendered recommending non certification for interlaminar epidural steroid injection for right lumbar spine L4, interlaminar epidural steroid injection for right lumbar spine L5, Flexiril 10mg #90 and Norco10/325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection for right lumbar spine L4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural injections can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and PT have failed. The records indicate that the patient reported significant pain relief and functional restoration following the previous lumbar epidural steroid injections. There was reduction in medications utilization. There is documentation of subjective and objective findings consistent with exacerbation of lumbar radiculopathy. The criteria for interlaminar epidural steroid injection for right lumbar spine L4 was met. The guidelines recommend only one interlaminar injection be performed at each setting. Therefore, the requested treatment is medically necessary.

Interlaminar epidural steroid injection for right lumbar spine L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural injections can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and PT have failed. The records indicate that the patient reported significant pain relief and functional restoration following the previous lumbar epidural steroid injections. There was reduction in medications utilization. There is documentation of subjective and objective findings consistent with exacerbation of lumbar radiculopathy. The criteria for interlaminar epidural steroid injection for right lumbar spine L5 was met. Therefore, the requested treatment is medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with opioids and other sedative medications. The records indicate that the patient had utilized muscle relaxants longer than the guidelines recommended maximum period of 4 to 6 weeks. There is no documentation of guidelines required compliance monitoring such as UDS and Pills Counts. The criteria for the use of Flexeri 10mg #90 was not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can lead to development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient is on chronic opioid treatment. There is no documentation of guidelines required compliance monitoring such as serial UDS, Pills count, absence of aberrant behavior or functional restoration. The criteria for the use of Norco 10/325mg #240 was not met and the treatment is not medically necessary. The guidelines recommend that standard gradual weaning protocol be utilized during weaning from high dose opioid treatment.