MAXIMUS Federal Services

Case Number:	CM15-0051110		
Date Assigned:	03/24/2015	Date of Injury:	08/09/2000
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/18/2015

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

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 66-year-old female who reported an injury on 08/09/2000 with an unknown mechanism of injury. Current diagnoses include lumbar radiculitis, thoracic radiculitis, sciatica, lumbago, joint dysfunction, and hip/ pelvic pain. Current medications include Toradol, Lexapro, Soma, and Norco. There is no indication of surgical history. There were no diagnostic studies submitted for review. Other therapies include the use of previous SI joint injections, which provided relief. The clinical note dated 03/11/2015 indicates the injured worker was seen with continued complaints of pain in the left SI joint that radiates to the hip, buttock, groin, and piriformis muscle. The injured worker indicated that the pain was at an 8/10 without medications. Physical examination revealed tenderness to palpation of the lumbar spine, and facet joints. There was noted to be crepitus. Range of motion was noted to be decreased flexion, decreased extension, decreased lateral bending, and decreased rotation. There was a positive Gaenslen's test, positive sacral compression test, positive sacral thrust, and a positive Patrick's test on the left. The treatment plan included continuation of prescription medications and a left SI joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural sacral caudie: Upheld

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

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

Decision rationale: California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The clinical documentation submitted for review shows insufficient evidence of radicular findings along the SI distribution. In addition, there were no imaging studies or electro diagnostic studies submitted for review. Given the above, this request is not medically necessary.

Norco 10/325mg qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: California MTUS Guidelines recommend the use of opioids for chronic pain. Failure to respond to a time limited course of opioids leads to the suggestion of reassessment and consideration of alternate therapy. The clinical records submitted for review showed no documentation of functional improvements, or pain relief provided from the medications. The clinical records also indicate that the injured worker has been previously weaned from this medication. Given the above, this request is not medically necessary.

Lexapro 10mg qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective reuptake inhibitors) Page(s): 107.

Decision rationale: California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The clinical records indicate that the injured worker suffers from insomnia and depression; however, there is no evidence of objective functional benefits such as the Beck Anxiety Inventory or Beck Depression Inventory scores submitted for review. Given the above, this request is not medically necessary.

Toradol 60mg/2mL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that Toradol is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The clinical records show no indication as to why oral pain medications are insufficient to alleviate the pain that would require the need for an intramuscular injection. As such, this request is not medically necessary.

Soma 350mg qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation Pain Procedure Summary Online Version updated 01/19/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma) Page(s): 29.

Decision rationale: California MTUS Guidelines note that carisoprodol (Soma) is not recommended. This medication is not indicated for long term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs, which includes use in combination with hydrocodone. Muscle relaxants are recommended for short term usage with duration of less than 2 weeks for treatment of acute exacerbations of low back pain. The clinical records show no evidence of objective functional improvements with medication use. Furthermore, evidence based guidelines do not support Soma, especially when used with hydrocodone. In addition, the long term use of muscle relaxants is not recommended by the California MTUS Guidelines. As such, this request is not medically necessary.