

Case Number:	CM15-0051278		
Date Assigned:	03/24/2015	Date of Injury:	06/10/2014
Decision Date:	05/13/2015	UR Denial Date:	02/28/2015
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
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 35-year-old female who reported an injury on 06/10/2014. The mechanism of injury was a fall. The diagnoses include brachial neuritis or radiculitis not otherwise specified lumbago, and chronic pain syndrome. Current medications include cyclobenzaprine 10 mg 1 tablet 3 times a day, Lamictal 25 mg 1 daily, naproxen 500 mg 1 twice a day, trazodone 150 mg 1 daily, Tylenol Ex-str 500 mg 1 four times a day, and Zolof 100 mg 1 daily. Surgical history included tubal ligation in 2005, laparoscopic exploratory of lower abdomen in 1995/96. On 02/11/2015, the injured worker was seen for low back and left knee pain. The injured worker had x-ray and MRI of the lower back performed on 06/11/2014 and was told there was degeneration. The injured worker was put on modified duty between August and September. She rates her pain 10/10. Other therapies were noted to include physical therapy which provided moderate relief, chiropractic therapy which provided moderate relief, and medications. Upon examination, range of motion was restricted with limited flexion to 35 degrees limited by pain, extension 20 degrees limited by pain, left and right rotation to 50 degrees limited by pain. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band was noted bilaterally. Spinous process tenderness was noted on L3, L4 and L5. Lumbar facet loading was positive bilaterally. Straight leg raise was positive bilaterally at 60 degrees in sitting position. Flexors and extensors were 4/5 on left. Light touch sensation is decreased over lateral calf on the left side. The treatment plan noted to recommend cyclobenzaprine, fenoprofen calcium, and tramadol, follow-up in 4 weeks, acupuncture, psychological evaluation, lumbar brace, interferential unit, and a transforaminal epidural steroid injection at the L4, L5, and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for cyclobenzaprine 5 mg #30 is not supported. The injured worker has a history of low back and left knee pain. The California MTUS Guidelines recommend cyclobenzaprine as an option using a short course of therapy. The guidelines indicate greatest in the first 4 days of treatment and recommend treatment be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker was prescribed cyclobenzaprine since 08/13/2014. Guidelines do not recommend beyond 3 weeks. The injured worker continues to have pain rated 10/10 despite use of medication. There is no evidence of functional improvement to warrant continued use. As such, the request for cyclobenzaprine 5 mg #30 is not medically necessary.

1 prescription of Fenoprofen Calcium 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The request for fenoprofen calcium 400 mg #60 is not supported. The injured worker has a history of low back and left knee pain. The California MTUS Guidelines state NSAIDs are used for treatment of osteoarthritis as well as for mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patients. The injured worker has not exhausted attempts of treatment with NSAIDs other than fenoprofen. The injured worker continues to have ongoing pain at a rate of 10/10. In clinical trials, fenoprofen has been found to be less effective and have greater side effects than other NSAID medications. There is a lack of documentation that the injured worker has failed treatment of other NSAIDs. There is lack of documentation if the injured worker has contraindications to treatment with standard NSAIDs. The request is not supported. As such, the request is not medically necessary.

1 prescription of Tramadol 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 124.

Decision rationale: The request for tramadol 150 mg #30 is not supported. The California MTUS Guidelines state tramadol is a synthetic opioid used for management of pain. The guidelines recommend discontinuing opioids in cases where there is no overall functional improvement. Previous records indicate the injured worker had tried Ultracet, which did not help the pain. It was noted that Ultram and Flexeril were discontinued abruptly on 12/19/2014. The previous use of Ultram failed to result in objective or functional improvement. There is no evidence that the re-establishing treatment with tramadol will result in significant pain relief or functional improvement. Weaning is unnecessary as the request for a trial of the medication. The request is not supported. As such, the request for 1 prescription of tramadol 150 mg #30 is not medically necessary.

1 left L4, L5, S1 transforaminal epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The request for 1 left L4, L5, S1 transforaminal epidural steroid injection is not supported. The injured worker has a history of low back and left knee pain. The California MTUS Guidelines recommend epidural steroid injections as an option for patients with pain in a dermatomal distribution with corroborating findings of radiculopathy on imaging studies. ESIs are reserved for patients that are unresponsive to conservative treatment. The injured worker has attempted various treatment methods for low back pain. She has not been provided adequate treatment aimed specifically in treating radicular pain. Most recent documentation included findings consistent with radiculopathy. However, there is evidence of radiculopathy on other recent examinations. The clinical note on 02/11/2015 failed to reveal evidence of lower extremity symptoms or radiculopathy. There were no lower extremity symptoms. The injured worker has been certified to receive acupuncture. The request is not supported. As such, the request for 1 left L4, L5, S1 transforaminal epidural steroid injection is not medically necessary.

1 interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for 1 interferential unit is not supported. The injured worker has a history of low back and left knee pain. The California MTUS Guidelines do not recommend interferential units as an isolated intervention. There should be a 1-month trial with evidence of functional improvement for patients with specific postoperative pain, history of substance abuse or for pain control with medications. There is lack of documentation that the injured worker has been unresponsive to conservative measures. The injured worker has been approved for acupuncture. The injured worker has not previously failed acupuncture. There is lack of documentation of the injured worker having a trial of antidepressants or NSAIDs. The request for 1 interferential unit is not medically necessary.

1 lumbar support brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar supports.

Decision rationale: The California MTUS/ACOEM Guidelines state lumbar supports are not recommended for treatment of low back disorders. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptoms. The injured worker has chronic pain. There is no evidence to support lumbar supports for the low back pain. The request is not supported. As such, the request for 1 lumbar support brace is not medically necessary.