

Case Number:	CM15-0057920		
Date Assigned:	04/02/2015	Date of Injury:	05/22/2001
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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 53 year old female, who sustained an industrial injury on May 22, 2001. The injured worker was diagnosed as having sacroiliitis and degenerative thoracic or thoracolumbar intervertebral disc. Treatment and diagnostic studies to date have included epidural steroid injection, and medications. A progress note dated February 13, 2015 provides the injured worker complains of increased back pain. She reports taking more Norco due to the increased pain. Previous epidural steroid injection effectively reduced her pain by 70-80% and provided functional improvement for several months but has become ineffective. She rates her pain as 3/10 with medication and 7-9/10 without medication. The plan includes epidural steroid injection, labs and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection to the left L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: Based on the 2/13/15 progress report provided by the treating physician, this patient presents with back pain, and hip pain, with pain rated 3/10 on VAS scale with medication and 7-9/10 on VAS scale without medication. The treater has asked for lumbar epidural steroid injection to the left L4-5 on 2/13/15. The request for authorization was not included in provided reports. The patient has worsening low back pain and radicular symptoms to the left lateral thigh/calf/groin in anterior hip area per 2/4/14 report. The patient is s/p lumbar epidural steroid injection in July 2013 to which patient had "an excellent response" per 2/4/14 report. The patient had another epidural steroid injection administered 3/31/14, which has worn off, with increased left leg radicular pain and worsening foot drop per 7/21/14 report. The patient also had a third lumbar epidural steroid injection 5 months ago on 9/5/15 which "reduced her pain significantly" but currently the lumbar and leg pain has returned per 2/13/15 report. The patient's work status is permanent and stationary. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG-TWC, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter states: "Epidural steroid injections (ESIs), therapeutic: With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008) Not recommended post-op. The evidence for ESI for post lumbar surgery syndrome is poor. (Manchikanti, 2012)" Per progress report dated 2/13/15, treater states the patient "the patient has began to have a return of lumbar and leg pain and is now 5 months since her LESIs which reduced her pain significantly." The treater is requesting a repeat epidural steroid injection. The patient presents with lower back/hip pain. Physical examination to the lumbar spine on 2/13/15 revealed slightly decreased lumbar range of motion, especially on extension, which is 0-10/25, positive straight leg raise on the left and decrease sensation over left lateral thigh/great toe with left foot drop. Review of reports show no MRI of the lumbar spine in the patient's treatment history. In this case, treater has documented patient's radicular symptoms, supported by physical examination but without a corroborative MRI. In addition, the patient had a prior lumbar ESI at an unspecified level on 9/5/15, with "excellent benefit." However, a repeat injection would not be supported by MTUS without documentation of significant improvement lasting at least 6-8 weeks. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Flexeril 10mg #180 for 90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Based on the 2/13/15 progress report provided by the treating physician, this patient presents with back pain, and hip pain, with pain rated 3/10 on VAS scale with medication and 7-9/10 on VAS scale without medication. The treater has asked for Flexeril 10MG #180 for 90 days on 2/13/15. The request for authorization was not included in provided reports. The patient has worsening low back pain and radicular symptoms to the left lateral thigh/calf/groin in anterior hip area per 2/4/14 report. The patient's current medications are Flexeril, Ibuprofen, Klonopin, Levothyroxine, Norco, and Zofran per 2/13/15 report. The patient is taking more Norco than usual due to pain and hip pain, which reduced her pain by 70-80 percent per 2/13/15 report. The patient also had a third lumbar epidural steroid injection 5 months ago on 9/5/15 which "reduced her pain significantly" but currently the lumbar and leg pain has returned per 2/13/15 report. The patient's medications have provided functional improvement by allowing her to perform twisting motions while at work per 2/13/15 report. The patient's work status is permanent and stationary. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, Flexeril is included in the list of current medications in progress report dated 6/9/14, 7/21/14, and 12/11/14. The progress report dated 2/13/15 is requesting Flexeril 10MG #180 for 90 days. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare up's. The request IS NOT medically necessary.

Norco 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 2/13/15 progress report provided by the treating physician, this patient presents with back pain, and hip pain, with pain rated 3/10 on VAS scale with medication and 7-9/10 on VAS scale without medication. The treater has asked for Norco 7.5/325MG #60 on 2/13/15. The request for authorization was not included in provided reports. The patient has worsening low back pain and radicular symptoms to the left lateral thigh/calf/groin in anterior hip area per 2/4/14 report. The patient's current medications are Flexeril, Ibuprofen, Klonopin, Levothyroxine, Norco, and Zofran per 2/13/15 report. The patient is taking more Norco than usual due to pain and hip pain, which reduced her pain by 70-80 percent per 2/13/15 report. The patient also had a third lumbar epidural steroid injection 5 months ago on 9/5/15 which "reduced her pain significantly" but currently the lumbar and leg pain has returned per 2/13/15 report. The patient's medications have provided functional improvement by allowing her to perform twisting motions while at work per 2/13/15 report. The patient's work status is permanent and stationary.

MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been included in patient's medications per treater reports dated 6/9/14, 7/21/14, 9/2/14, and 2/13/15. In this case, the patient "has been taking more Norco than her usual lately due to back and hip pain per 2/13/15 report". However, the treater has not stated how Norco significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. A CURES reports was consistent as of 10/20/14 report. However, a urine drug screen was aberrant/negative for Norco although it was being prescribed per 12/11/14 report. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.