

Case Number:	CM15-0061857		
Date Assigned:	04/07/2015	Date of Injury:	12/25/2003
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 58 year old female injured worker suffered an industrial injury on 12/25/2003. The diagnoses included lumbar disc displacement with radiculopathy. The diagnostics included lumbar computerized tomography and magnetic resonance imaging. The injured worker had been treated with physical therapy and medications. On 1/15/2015 the treating provider reported low back pain had increased 8/10 that radiated down the right leg along with positive straight leg raise and reduced range of motion. The treatment plan included Naprosyn and lumbar spine epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Naprosyn 500 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, NSAID.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn 500 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are low back pain; and right knee pain. The documentation in the medical record according to a February 12, 2015 progress note states and Naproxen 550 mg was to be prescribed to the injured worker. The request for authorization states Naprosyn 500 mg was prescribed to the worker. These are two different non-steroidal anti-inflammatory drugs. There is no clinical rationale in the medical record in the February 12, 2015 progress note for Naprosyn 500 mg #60. Consequently, absent clinical documentation with the requested non-steroidal anti-inflammatory drug, Naprosyn 500 mg #60 is not medically necessary.

One lumbar spine epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one lumbar epidural steroid injection is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. See the guidelines for details. In this case, the injured workers working diagnoses are low back pain; and right knee pain. A supplemental progress report dated January 15, 2015 indicated the injured worker had 8/10 severe shooting pain down the right leg. An MRI (according to the treating physician) shows 3 - 4 mm "herniations" from L3 to S1. The hard copy of the report for additional details to corroborate objective findings on examination was not present the medical record. Objectively, strength is 5/5 bilaterally in the lower extremities. Sensation is decreased in the right L4 and L5 dermatomes. There is positive straight leg raising on the right. The diagnosis is lumbar disc disease; lumbar spine radiculopathy. Epidural steroid injection criteria include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was insufficient magnetic resonance imaging documentation in

the medical record other than 3 - 4 mm "herniations" from L3 to S1 documented in the record and no electrodiagnostic studies to corroborate presence of radiculopathy. Consequently, absent clinical documentation (hard copy) of the magnetic resonance imaging scan of the lumbar spine and electrodiagnostic studies to corroborate objective radiculopathy, lumbar epidural steroid injection is not medically necessary.