MAXIMUS Federal Services

Case Number:	CM13-0044687		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2013
Decision Date:	06/16/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 28 year old male with an injury date of 09/07/13.Based on the 07/31/13 progress report provided by [redacted], the patient reports of having localized low back pain and having spasms in the lower back. The patient had a laminectomy at the left L4-5 for disc herniation in November 2012 and now has numbness post-surgery in bilateral legs which seems to be affecting his sleep. Examination reveals that the patient has a positive straight leg test bilaterally. The 09/10/13 EMG/NCV shows slight right and left L5 radiculopathy; there was no electrophysiologic evidence of right or left leg entrapment neuropathy, lumbosacral plexopathy, or peripheral neuropathy. The 09/12/13 MRI of the lumbar spine revealed moderate L4-L5 disc narrowing without herniation or stenosis. The patient is diagnosed with lumbosacral disc injury, lumbosacral sprain/strain injury and possible lumbosacral radiculopathy. [redacted] is requesting lumbar epidural steroid injection, Norco, Ultram ER and Flexeril. The utilization review determination being challenged is dated 10/09/13 and recommends denial of the lumbar epidural steroid injection, Norco, Ultram ER, and Flexeril. [redacted] is the requesting provider, and he provided treatment reports from 01/11/13 - 10/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46-47.

Decision rationale: According to the 07/31/13 report by [redacted], the patient presents with localized low back pain and having spasms in the lower back. The request is for a lumbar epidural steroid injection. The patient has not had any prior lumbar epidural steroid injections. The 09/12/13 MRI of the lumbar spine revealed moderate L4-L5 disc narrowing without herniation or stenosis. In reference to an ESI, MTUS guidelines state, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient does not present with any radicular symptoms, and certainly no clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy. Recommendation is for denial.

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Criteria for Use of Opioids Page(s): 60-61, 88-89.

Decision rationale: According to the 07/31/13 report by [redacted], the patient presents with localized low back pain and having spasms in the lower back. The request is for Norco to alleviate pain. The patient began taking Norco on 03/15/11. Reviewing the records, there is no discussion regarding how Norco has been instrumental in improving this patient's function and quality of life. There were no pain scales provided either. According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, pain and functional assessment using a numerical scale or a validated instrument is lacking. There are no reports indicating what the impact Norco has had on this patient in terms of pain and function. Recommendation is for denial.

ULTRAM ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Criteria for Use of Opioids Page(s): 60-61, 88-89.

Decision rationale: Pain and having spasms in the lower back. The request is for Ultram ER. The patient began taking Ultram ER on 03/15/11. None of the reports mention the impact Ultram ER had on the patient. Ultram is a synthetic opiate and MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the documentation provided is inadequate with lack of any specific ADL's. Outcome measures are not provided either. Recommendation is for denial.

FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: According to the 07/31/13 report by [redacted], the patient presents with localized low back pain and having spasms in the lower back. The request is for Flexeril for spasm. The patient began taking Flexeril on 03/15/11. Based on MTUS guidelines, Flexeril is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." Based on the review of the reports, the patient appears to be using Flexeril for his chronic low back pain. Recommendation is for denial.