

Case Number:	CM14-0136449		
Date Assigned:	09/03/2014	Date of Injury:	08/17/2010
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 39 year-old male was reportedly injured on August 17, 2010. The most recent progress note, dated June 18, 2014, indicates that there are ongoing complaints of low back pain with radiation to both lower extremities. The physical examination demonstrated an individual with a slightly antalgic gait, with tenderness at L4-L5 and L5-S1 to deep palpation. Flexion of the lumbar spine is decreased and painful. There is full range of motion with extension, but with pain. Lateral flexion and rotation are normal. Straight leg raise test is positive on the left side. There is some decreased sensation below the left knee area, as well as some weakness of the left lower extremity. Deep tendon reflexes of the lower extremities or decrease bilaterally. Diagnostic imaging studies are not included for review. A Nerve Conduction Velocity/Electromyography (NCV/EMG) from May 2014 showed chronic L5 radiculopathy bilaterally but worse on the left side. Previous treatment includes medication and a home exercise program. Requests have been made for a prescription of Norco 10/325 mg, 1 to 2 by mouth every 46 hours as needed for severe pain, # 65, for a prescription of Xanax 2 mg, one by mouth every evening as the for anxiety and stress, #15, a prescription for Medrox ointment for local application, #120 grams with one refill, and for a L5-S1 lumbar epidural steroid injection, and were not certified in the pre-authorization process on August 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 po every 4-6 hours #65 as needed for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: As noted in the MTUS this is for the short-term management of moderate to severe breakthrough pain. Furthermore, as outlined in the MTUS the treatment plan parameters outlined in the MTUS for chronic opioid use require noting if the diagnosis has changed, other medications being employed, if any attempt has been made to establish the efficacy of the medications and documentation of functional improvement. Furthermore, adverse effects have to be addressed. None of these parameters to continue this medication chronically have been measured. Therefore, the medical necessity is not established.

Xanax 2mg one po qhs #15 as needed for anxiety and stress: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The MTUS guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Based on the clinical documentation provided, claimant has been chronically utilizing benzodiazepines for anxiety and stress. While it is noted that abrupt cessation of these medications is not advisable, the requested medication is not considered medically necessary.

Medrox ointment (medroxcin) for local application #120 gm along with refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The MTUS guidelines state that topical analgesics are "largely experimental" and that "any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical records provided, there is no documentation that a previous trial of

oral antidepressant or anticonvulsant has been attempted. As such, this request is not considered medically necessary.

L5-S1 lumbar epidural steroid injection: Upheld

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

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

Decision rationale: MTUS guidelines support cervical epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Review of the available medical records, documents conservative treatment has consisted of medications and some physical therapy. However, the clinician fails to document whether there was any improvement in the pain from previous conservative therapies, which fails to indicate whether epidural steroid injections would be beneficial or necessary. Therefore, this request is not considered medically necessary.