MAXIMUS Federal Services

Case Number:	CM14-0183077		
Date Assigned:	11/10/2014	Date of Injury:	10/22/2012
Decision Date:	12/16/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine 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 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:

According to the provided documents, this is a 40-year-old male who was injured on 10/22/12 while he was carrying a metal beam with a coworker and the coworker dropped it. He felt severe pain in the lower back. He was taken to a local hospital and discharged with medication. They did a CT of the lumbar spine. He had conservative treatment with a different provider including some physical therapy. He started treating with the current orthopedist as of 2/19/13. There is an MRI of the lumbar spine from 4/10/13, nerve conduction studies from 1/14/14, and lower extremities reported as normal. He had chiropractic treatment. A 3/4/14 progress report indicated he was prescribed Ambien, Norco and Flexeril. Reports from the same physician at roughly 6 week intervals continue to prescribe those medications. An 7/10/14 Orthopedic AME medical record review stated in the discussion that the patient did not have clear-cut signs of radiculopathy, although there might be some radiculitis and noted EMG/NCV were normal times 2. There was in that report a 4/10/13 citation of an MRI scan that stated at L4-5 and L5-S1 that disc protrusions at those levels had effaced the bilateral transiting nerve roots. The 9/2/14 progress report, which appears to be the requesting document for the current disputed treatments, indicated patient had completed chiropractic treatment, was still having throbbing in the legs and difficulty sleeping at night. Without pain medications reportedly pain was unbearable. With medications there was increased function and decrease in pain. (Reviewer comment, no mention of what specific functional activities this patient was actually able to do however.) The exam showed tenderness over the midline bilateral lumbar facets L4-S-1, severely restricted range of motion and "L4-S-1 radiculopathy bilaterally". There is no documentation however of specific alteration in sensation, motor function or reflexes associated with those nerve roots. Patient has remained off work on total disability apparently since the original injury. Diagnoses were of

Lumbar spine sprain/strain, acute; moderate acute paraspinal muscle spasm; Rule out discs; Lumbar radiculitis right lower extremity; Depression; Degenerative disc disease L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) times 2 to L4-S1: 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 Epidural steroid injections (ESI's) Page(s): 46.

Decision rationale: MTUS chronic pain guidelines indicate that epidural steroid injections are an option for treatment of radicular pain. This is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The requesting report and other progress reports do not specify any dermatomal distribution to the patient's leg pain. There is no documentation of any objective focal neurologic deficits in the reports. Therefore, there is no clinically corroborative radiculopathy. Thus, based upon the evidence and the guidelines, epidural steroid injections are not considered to be medically necessary.

Pharmacy purchase of Norco 10/325 mg #180: 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 Opioids Page(s): 74-75, 78-79.

Decision rationale: Norco is one brand name for Hydrocodone, an opiate combined with acetaminophen, an analgesic. Hydrocodone is a short acting opioid analgesic. Use of this medication has apparently been ongoing and chronic, since at least March 2014. Ongoing management of opiates per MTUS guidelines should include the lowest possible dose to improve pain and function. There is no mention of the actual daily frequency of use of the medication. There should be ongoing monitoring of pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Other than to state that the medication it increases function and decrease his pain, there is no specific documentation of functional benefit. There has not been any decrease in the need for medical treatment and the treating physician has continued to request additional diagnostic studies and epidural steroid injections. There is no mention of any progress towards returning to even modified duty. The documentation is lacking to support the medical necessity for ongoing use of the opiate. MTUS guidelines state that opiates should be discontinued when there is no overall improvement in function which is not

documented in the reports. Thus, taking into consideration the evidence and the guidelines the continued use of the Norco is not medically necessary.

Flexeril 7.5 mg #90: 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 Part 2, Muscle relaxants Page(s): 63-64.

Decision rationale: Flexeril is a sedating muscle relaxant also known as Cyclobenzaprine. MTUS guidelines specifically only recommend this medication for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. The medical records clearly document that the use of this medication is chronic, since at least March 2014 through September 2014. Furthermore there does not appear to have been any objective functional benefit from the chronic use. There is no other rationale to support chronic use either. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.