MAXIMUS Federal Services

Case Number:	CM14-0097378		
Date Assigned:	07/28/2014	Date of Injury:	11/10/1997
Decision Date:	09/18/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/25/2014

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 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:

The claimant was injured on 11/10/97. Repeat lumbar transforaminal nerve block on the left side at L5-S1, Flexeril, and Norco are under review. He has a history of chronic low back pain due to lumbar disc disease and left leg radiculitis. His left leg is weak and he uses a cane. His medications provide moderate pain relief. He underwent lumbar epidural steroid injection on 02/27/13. He was using Neurontin and Celebrex. He had a good response to his epidural in November. Neurologic examination revealed decreased sensation in the lateral aspect of the left leg distally and otherwise normal motor strength. Strength was 5/5 on dorsiflexion and in the quadriceps and hip flexors. He had trace weakness of the extensor hallucis longus and plantar flexion. Reflexes were hypoactive but symmetric at the knees and unobtainable at the ankles. He underwent a lumbar epidural steroid injection at L5-S1 level. On 03/13/13, reported excellent region results with the injection and reporting 100% back pain and leg pain relief for the first week but the results had slightly diminished since then. His back pain was worse than the leg pain in the left leg was worse than the right. He denied progressive neurological symptoms. He had limited range of motion and diffuse tenderness in the low back with increased muscle tone. He was prescribed OxyContin, Norco, and Neurontin and he anticipated getting another injection in May. On 04/16/13, he was seen again. He had had about 30 epidural steroid injections over the past 10 years and with this injection he was able to walk for longer distances and had increased capacity for sitting. He was able to reduce his use of pain pills. He was diagnosed with lumbar disc disease. He had restricted range of motion of the lumbar spine and negative straight leg raise tests. Again he received OxyContin, Norco, and Neurontin. He had recently had a urine drug screen with satisfactory results. On 05/30/13, he reported back pain radiating down the left leg with numbness. The pain was 6-8/10 and constant. He did not have progressive neurological symptoms. He had diffuse tenderness and decreased range of

motion with positive straight leg raise on the left side. Another epidural injection was planned for that day. He received refills of his medications. On 05/29/13, he reported that he gets relief from the injection but the pain comes back. He had numbness in his legs. Neurologic examination was unremarkable. Sensation was decreased to pin on the right leg distally. He underwent a lumbar ESI. On 08/09/13, he underwent left L4-5 and L5-S1 transforaminal blocks. He had trace weakness of dorsiflexion, plantar flexion, and EHL but basically had 5/5 strength bilaterally. His quads were also strong at 4/5 on the left and 5/5 on the right. Reflexes were symmetric at the knees and unobtainable at the ankles. Sensation showed hyperalgesia on both the medial and lateral aspects of the left leg. On 09/26/13, he was status post repeat transforaminal nerve block one month before and this helped him reduce his pain from 7/10 to about 5/10 and he had an increased activity level. Straight leg raise was positive on the left for radiating pain to the thigh and negative on the right. He had slight increased muscle tone and tenderness of the low back. On 11/20/13, he stated the nerve block that he had about 3 months before resulted in 50% pain relief that lasted about 3 months but was wearing off. He was a little worse than at the last visit but was otherwise about the same. He still had radicular symptoms. He had moderately restricted range of motion and straight leg raise was positive on the left. His gait was unremarkable. He was keeping pain diaries and an opioid contract was in place. He submits urine samples for drug screens. There were no problems reported from the medications. He was also given Celebrex, Neurontin, OxyContin, and Norco refills. On 12/19/13, he reported that no surgery was being offered by the neurosurgeon. He reported a flareup of his back pain which was level 9/10 compared to 5/10 in September but he had no progressive neurological symptoms. Straight leg raise was positive on the left. He had moderately restricted range of motion and increased muscle tone and tenderness. He stated the left foraminal block in August relieved his pain from 7/10-5/10. Repeat transforaminal nerve block was recommended at L4-5 and L5-S1 on the left side. On 01/16/14, he reported that on New Year's Day he had fallen and was evaluated in an emergency department. He was told he had sciatica. He had increased radiating pain down the left leg to the calf. His findings were generally unchanged. An injection was planned on 02/06/14. He was also given Flexeril which helped with pain, spasm, and sleep. He was completing opioid pain diaries and pain inventories. Medications included Flexeril, Celebrex, OxyContin, Norco, and Neurontin. He underwent left L4-5 and L5-S1 transforaminal injections on 02/06/14. On 02/27/14, he reported being moderately improved after the nerve block. It relieved his pain about 50%. His findings were unchanged. He was still using Celebrex, Flexeril, OxyContin, Norco, and Neurontin. On 03/20/14, he stated the nerve block was still holding but was wearing off a little bit. His findings were unchanged. On 04/16/14, he still had radicular symptoms. The ESI was wearing off. He submitted a reassessment instrument that showed he benefited from his medications. He was to continue the same medications. On 05/19/14, he reported that without the use of opioids his quality of life would be poor. He was worse over the past 1-2 months and had increased radicular symptoms and reduced sensation. His left leg was diffusely weak. His back and leg were equally painful. His movements were very guarded and he used a cane. He had increased muscle tone in the low back with slight diffuse tenderness and restricted and guarded movements with muscle spasm. He had weakness with resisted dorsiflexion of the left ankle. Left knee jerk was decreased compared to the right side and both ankle reflexes were absent. He had numbness in a dermatomal pattern in the left leg including the medial left thigh, left ankle, and leg and had an antalgic gait. Another lumbar transforaminal nerve block was recommended. He received refills of his medications. On 07/03/14, there is an appeal for the injections. He had a flareup of back pain and had to stay in

bed for 5 days because of the pain. His examination findings were unchanged. He reported that after receiving the injection he could reduce the use of Vicodin for breakthrough pain for several months after the injection. He received refills of his medications and a repeat lumbar ESI was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers/Cyclobenzaprine, page 74; Medications for Chronic Pain, page 94 Page(s): 74; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary/cyclobenzaprine.

Decision rationale: The history and documentation do not objectively support the request for Flexeril 10 mg #80. The MTUS state cyclobenzaprine (Flexeril),"recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief." Additionally, MTUS and Official Disability Guidelines (ODG) state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is for "short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions." The medical documentation provided does not establish the need for long-term/chronic usage of Flexeril, which MTUS guidelines advise against. In this case, the injured worker's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories, and his response to them or lack thereof including relief of symptoms and documentation of functional improvement, have not been described. As such, this request for Flexeril 10 mg #80 is not medically necessary.

NORCO 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 Opioids for Chronic Pain, page 110; Medications for Chronic Pain, page 94 Page(s): 110; 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of the opioid, Norco 5/325 mg #60. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the injured worker's specific pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The injured worker's pattern of use of Norco is unclear other than he takes it and he reports its helps. He reportedly has had urine drug tests but the results have not been submitted. The frequency of the drug screens is unknown. There is no clear evidence that the pain diary the injured worker is keeping is being reviewed by the prescriber on an ongoing basis at his visits. As such, the medical necessity of the ongoing use of Norco has not been clearly demonstrated therefore, the request is not medically necessary.

REPEAT LUMBAR TRANSFORAMINAL NERVE BLOCK LEFT SIDE L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for a repeat lumbar transforaminal nerve block on the left side at L5-S1. The MTUS state "Criteria for the use of Epidural steroid injections: 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 drugs (NSAIDs) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. There is no description of radiating pain that is consistent with radiculopathy on PE and no EMG demonstrating radiculopathy has been reported. No focal neurologic deficits consistent with radiculopathy have been documented. There is no report of

an MRI that demonstrates nerve root compression at L5-S1. It is not clear whether the injured worker has exhausted all other reasonable treatment for his recurrent symptoms or whether he has been involved in an ongoing independent program of self-directed exercise in conjunction with epidural steroid injections. The medical necessity of this request for a repeat transforaminal nerve block on the left side at L5-S1 has not been clearly demonstrated therefore, the request is not medically necessary.