

Case Number:	CM14-0098866		
Date Assigned:	08/11/2014	Date of Injury:	10/16/2012
Decision Date:	10/08/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 58 year old female who was injured on 10/16/2012. The diagnoses are neck pain, low back pain, headache and multiple joints pain. There is associated diagnosis of insomnia. The patient reported a 50-80% reduction in pain and increased ADL for 2 months following a 2/4/2014 epidural steroid injection. The past history was significant for improvement of sleep and ADL as well as reduction of medications utilization following acupuncture treatments. The 8/1/2013 MRI of the lumbar spine was significant for degenerative disc disease and mild spinal stenosis at L4-L5. On 7/13/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities and low back pain. The pain score was 10/10 without medications but 7/10 with medications on a scale of 0 to 10. There were objective findings of positive straight leg rising and reduction of lower extremities motor power. A Utilization Review determination was rendered on 6/24/2014, recommending non certifications for acupuncture 4 sessions, bilateral L4-5 epidural steroid injections, Ambien 10mg #15, Ketoprofen 50mg #30, Tramadol 50mg #90, and Tizanidine 2mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, QTY: four (4) sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1,8,9. Decision based on Non-MTUS Citation (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that acupuncture treatments can be repeated if there is a documented evidence of beneficial effects from a prior treatment sessions. The records indicate that the patient reported significant pain relief, increased ADL, improved sleep and reduction of medication utilization following a prior acupuncture treatment. The criteria for acupuncture treatments #4 sessions were met. Therefore, this request is medically necessary.

Bilateral L4-5 transforaminal epidural steroid injections: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Low Back Pain.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized in the treatment of lumbar radicular pain that did not resolve with conservation treatment with medications and physical therapy. A repeat injection is recommended if there was significant benefit following the initial epidural injection. The records indicate that the patient have subjective and objective findings indicative of lumbar radiculopathy. There was radiological MRI findings of L4-L5 stenosis. There was significant pain relief following a 2/4/2014 epidural steroid injections. The criteria for bilateral L4-L5 transforaminal epidural steroid injections were met. Therefore, this request is medically necessary.

Ambien 10 mg, QTY: 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem (Ambien)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines sedatives and hypnotics Page(s): 24. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Mental Illness and Stress chapter.

Decision rationale: The CA MTUS and the ODG recommend that the use of sedatives and hypnotics be limited to periods of less than 4 weeks due to the rapid development of tolerance, dependency, addiction and adverse drug interaction with other medications. It is recommended that non medication sleep hygiene measures be implemented to decrease the dependency on sleep medications. The records indicate that the patient had been utilizing Ambien longer than the recommended 4 weeks limit. The criteria for the use of Ambien 10mg #15 were not met. Therefore, this request is not medically necessary.

Ketoprofen 50 mg, QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The CA MTUS recommend that NSAIDs can be utilized during exacerbation of musculoskeletal pain. Long term treatment with NSAIDs is associated with renal, cardiovascular and gastrointestinal complications. The records indicate that the patient is experiencing exacerbation of the chronic musculoskeletal pain. The criteria for the use of Ketoprofen 50mg #30 were met. Therefore, this request is medically necessary.

Tramadol 50 mg, QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71-96, 111, 113, 119.

Decision rationale: The CA MTUS recommend that opioids can be utilized during exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the patient is experiencing exacerbation of chronic musculoskeletal pain. The pain score was reported to be 10/10 without the use of medications. The criteria for the use of Tramadol 50mg #90 were met. Therefore, this request is medically necessary.

Tizanidine 2 mg, QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The CA MTUS recommend that muscle relaxants and antispasmodics can be utilized during exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and physical therapy. The records indicate that the patient is experiencing exacerbation of the chronic pain. The pain score was 10/10 without the medications. The objective findings were consistent with exacerbation of the musculoskeletal pain and associated paraspinal muscle spasm. The criteria for the use of Tizanidine 2mg #60 were met. Therefore, this request is medically necessary.

