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| Case Number: | CM14-0205309 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 05/19/2009 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 Management and is licensed to practice in Tennessee. 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:

This is a 43-year-old male with a 5/19/09 date of injury. The injury occurred when he picked up a box of books, turned, and felt a sudden burning sensation and "pop" in his back. According to a progress report dated 11/24/14, the patient rated his pain with medications as a 6/10 and without medications as a 9/10. His pain level and activity level have remained the same. With Oxycodone, his pain was more tolerable and he was more functional. He stated that the medication helped him to walk and be independent in his activities of daily living. Flexeril reduced the pain from his muscle spasms from 8/10 to 4/10 and helped him to complete his physical therapy sessions. He had a TFESI in December 2013, it relieved his pain from 9/10 to a 4/10. He felt that another TFESI would have even greater benefit than the last one. An MRI of the lumbar spine dated 11/13/13 revealed clear disc herniation causing foraminal stenosis at L4 and L5 levels. Objective findings: restricted lumbar range of motion; spasm, tenderness, and tight muscle band on palpation of paravertebral muscles, lumbar facet loading positive on the right side, restricted range of motion of left hip, tenderness noted over the groin and trochanter, light touch sensation decreased over L5 on the right and L4 on the left on both sides. Diagnostic impression: lumbar facet syndrome, low back pain, hip pain. Treatment to date: medication management, activity modification, functional restoration program, surgeries, physical therapy, lumbar ESI, TENS unit. A UR decision dated 12/4/14 denied the request for 1 transforaminal lumbar epidural injection at L4-5 bilaterally, Flexeril, and Oxycodone. Regarding lumbar epidural injection, the patient has not finished a recent course of physical therapy targeted at the lumbar spine, which was recorded as helpful. Also, the previous lumbar epidural steroid injection did not sustain for the minimum of 6 weeks as required in the guidelines to proceed with another attempt. Regarding Flexeril, the patient has been using this medication for at least the last year without a significant change in subjective or objective findings. Regarding

Oxycodone, the patient has been taking opioid medications since 2012 without evidence of subjective and objective findings indicating functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Transforaminal Lumbar Epidural Injection at L4-5 Bilaterally:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 9792.23.5 Low Back Complaints; 9792.24.2 Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, it is noted that this patient had a TFESI in December 2013 and it relieved his pain from 9/10 to a 4/10. However, the duration of pain relief was not provided. Guidelines require evidence of at least 50-70% pain relief for 6 to 8 weeks following the previous injection. In addition, there is no documentation as to failure of conservative measures of treatment. Therefore, the request for Prospective request for 1 Transforaminal Lumbar Epidural Injection at L4-5 Bilaterally was not medically necessary.

Prospective request for 1 Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, this patient has been taking Flexeril since at least 9/26/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Prospective request for 1 Flexeril 10mg #60 was not medically necessary.

Prospective request for 1 Oxycodone Hcl 15mg #90 with 1 refill: 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 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no discussion regarding weaning or tapering this patient off of opioid medications. Therefore, the request for Prospective request for 1 Oxycodone Hcl 15mg #90 with 1 refill was not medically necessary.