MAXIMUS Federal Services

Case Number:	CM14-0214221		
Date Assigned:	01/07/2015	Date of Injury:	09/20/2011
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 61 year old individual who was injured at work on 09/20/2011. The progress report indicates the injured worker has been complaining of 5/10 low back pain with right greater than lower extremity symptoms. Hydrocodone reduces the pain by 4 points and enable activities of daily living; Nonsteroidal anti-inflammatory drugs decrease achy pain component by 3 points, and help with range of motion; pantoprazole counters the gastrointestinal upset of the NSAIDS; and cyclobenzaprine help with spasms. The physical examination revealed decreased range of motion of the lumbar spine, tenderness of Lumbar spine; positive straight leg bilaterally; spasms of lumbar paraspinal musculature. The worker has been diagnosed of neural enchrochment L4-L5 and L5-S1, right. The Nerve studies of 06/26/2012 and 02/28/14 revealed abnormal nerve conduction study suggestive of polyperipheral neuropathy; while the electromyography was reported as normal, without evidence of radiculopathy. The MRI Lumbar of 1/17/12 revealed disc diseases, including left L5 spondylosis, but no spondylolisthesis, or herniation. Treatments have included Lumbar epidural steroid injections, physical therapy, TENs unit, and home exercises. At dispute are the requests for Outpatient epidural injection at the right L4-5 and L5-S1 levels; Pharmacy purchase of Hydrocodone 10/325mg (#60); Naproxen 550mg (#90); Pantoprazole 20mg (#90); Cyclobenzaprine 7.5mg (#90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient epidural injection at the right L4-5 and L5-S1 levels.: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 09/20/2011. The medical records provided indicate the diagnosis of neural enchrochment L4-L5 and L5-S1, right. The Nerve studies of 06/26/2012 and 02/28/14 revealed abnormal nerve conduction study suggestive of polyperipheral neuropathy; while the electromyography was reported as normal, without evidence of radiculopathy. The MRI Lumbar of 1/17/12 revealed disc diseases, including left L5 spondylosis, but no spondylolisthesis, or herniation. Treatments have included Lumbar epidural steroid injections, physical therapy, TENs unit, and home exercises. The medical records provided for review do not indicate a medical necessity for Outpatient epidural injection at the right L4-5 and L5-S1 levels. Although the medical records indicate the presence of bilateral straight leg raise, there was no collaborative imaging or electro diagnostic evidence of radiculopathy. The MTUS recommends that radiculopathy must be documented by physical examination findings and collaborated with imaging and or electro diagnostic testing before treatment with Epidural steroid injection. In addition, the MTUS recommend that Epidural steroid injection must be done in conjunction with other rehabilitation measures like home exercise therapy. Such as, outpatient epidural injection at the right L4-5 and L5-S1 levels is not medically necessary and appropriate.

Pharmacy purchase of Hydrocodone 10/325mg number sixty (#60).: 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): 80.

Decision rationale: The injured worker sustained a work related injury on 09/20/2011. The medical records provided indicate the diagnosis of neural enchrochment L4-L5 and L5-S1, right. The Nerve studies of 06/26/2012 and 02/28/14 revealed abnormal nerve conduction study suggestive of polyperipheral neuropathy; while the electromyography was reported as normal, without evidence of radiculopathy. The MRI Lumbar of 1/17/12 revealed disc diseases, including left L5 spondylosis, but no spondylolisthesis, or herniation. Treatments have included Lumbar epidural steroid injections, physical therapy, TENs unit, Home exercises. The medical records provided for review do not indicate a medical necessity for Pharmacy purchase of Hydrocodone 10/325mg number sixty (#60).The records indicate this medication has been in use since 2012. The MTUS recommends that the Opioids be used for short term in pain relief since long term efficacy beyond 16 weeks is of unproven benefit, and as a result, the MTUS recommends

reassessment and a consideration of alternative therapy. Such as, the pharmacy purchase of Hydrocodone 10/325mg number sixty (#60) is not medically necessary.

Naproxen 550mg number ninety (#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 NSAIDs, Specific drug list and adverse effect Page(s): 70.

Decision rationale: The injured worker sustained a work related injury on 09/20/2011. The medical records provided indicate the diagnosis of neural enchrochment L4-L5 and L5-S1, right. The Nerve studies of 06/26/2012 and 02/28/14 revealed abnormal nerve conduction study suggestive of polyperipheral neuropathy; while the electromyography was reported as normal, without evidence of radiculopathy. The MRI Lumbar of 1/17/12 revealed disc diseases, including left L5 spondylosis, but no spondylolisthesis, or herniation. Treatments have included Lumbar epidural steroid injections, physical therapy, TENs unit, and home exercises. The medical records provided for review do not indicate a medical necessity for Naproxen 550mg number ninety (#90). The MTUS recommends the use of the lowest effective dose NSAIDs for the shortest duration of time. Also, the MTUS notes that FDA package inserts for NSAIDs recommends periodic monitoring of blood counts, chemistry profile, including liver and renal function. However, the records indicated the injured worker has been using this medication for at least three months, but there is no indication the injured worker is being monitored in regards to chemistry and blood count, the request for about six more weeks of treatment. Therefore, Naproxen 550mg number ninety (#90) is not medically necessary and appropriate.

Pantoprazole 20mg #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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker sustained a work related injury on 09/20/2011. The medical records provided indicate the diagnosis of neural enchrochment L4-L5 and L5-S1, right. The Nerve studies of 06/26/2012 and 02/28/14 revealed abnormal nerve conduction study suggestive of polyperipheral neuropathy; while the electromyography was reported as normal, without evidence of radiculopathy. The MRI Lumbar of 1/17/12 revealed disc diseases, including left L5 spondylosis, but no spondylolisthesis, or herniation. Treatments have included Lumbar epidural steroid injections, physical therapy, TENs unit, and home exercises. The medical records provided for review do not indicate a medical necessity for Pantoprazole 20mg #90. Although it would have been medically necessary and appropriate to use this medication due to the reported gastrointestinal side effects of NSAIDs, the medication is no longer necessary since

the Naproxen(NSAIDs), has been determined to be not medically necessary, and therefore would no longer be used. Such as, Pantoprazole 20mg #90 is not medically necessary.

Cyclobenzaprine 7.5mg number ninety (#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 Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 09/20/2011. The medical records provided indicate the diagnosis of neural enchrochment L4-L5 and L5-S1, right. The Nerve studies of 06/26/2012 and 02/28/14 revealed abnormal nerve conduction study suggestive of polyperipheral neuropathy; while the electromyography was reported as normal, without evidence of radiculopathy. The MRI Lumbar of 1/17/12 revealed disc diseases, including left L5 spondylosis, but no spondylolisthesis, or herniation. Treatments have included Lumbar epidural steroid injections, physical therapy, TENs unit, and home exercises. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg number ninety (#90).The MTUS recommends the use of non-sedating muscle relaxants with caution as second line option for short-term treatment of acute exacerbations of chronic low back pain. The MTUS recommends the use of 5-10mg Cyclobenzaprine three times a day for not more than 2-3 weeks, due to the increasing risk of side effects; the optimum duration being 4 days. However, the records indicate the injured worker has been using this for some time; and the request is for an additional one month to one and half months' supply. The Cyclobenzaprine 7.5mg number ninety (#90) is not medically necessary and appropriate.