

Case Number:	CM15-0111784		
Date Assigned:	06/18/2015	Date of Injury:	09/11/2001
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: California
 Certification(s)/Specialty: Emergency 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 53 year old male who sustained an industrial injury on September 11, 2001. He has reported pain in the back which radiated to the thigh bilaterally and has been diagnosed with status post anterior posterior instrumentation and fusion at L4-5 and L5-S1, status post posterior lumbar interbody fusion L3-4 with removal of posterior hardware, L4-5 and L5-S1 subsequent removal of retained metal L3-4, bilateral lower extremity radiculopathy, and medication induced gastritis. Treatment has included injections, medications, medical imaging, and surgery. Examination of the posterior lumbar musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. There was decreased range of motion with obvious muscle guarding. There was a well healed scar noted. The treatment request included Fexmid, Norco, and bilateral transforaminal lumbar epidural steroid injection at L2-3 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66.

Decision rationale: The requested Fexmid 7.5mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has lumbar tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. There was decreased range of motion with obvious muscle guarding. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Fexmid 7.5mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Norco 10/325mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lumbar tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. There was decreased range of motion with obvious muscle guarding. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.

Bilateral transforaminal lumbar epidural steroid injection at L2-3 under fluoroscopic guidance: Upheld

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 Pg. 46, Epidural steroid injections (ESIs).

Decision rationale: The requested bilateral transforaminal lumbar epidural steroid injection at L2-3 under fluoroscopic guidance, is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has lumbar tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points which were palpable and tender throughout the lumbar paraspinal muscles. There was decreased range of motion with obvious muscle guarding. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, bilateral transforaminal lumbar epidural steroid injection at L2-3 under fluoroscopic guidance is not medically necessary.