MAXIMUS Federal Services

Case Number:	CM15-0116107		
Date Assigned:	06/24/2015	Date of Injury:	01/19/1996
Decision Date:	07/23/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female, who sustained an industrial injury on 1/19/96. She reported pain in her neck, back and right hip after she fell off a chair and hit her head on the desk. The injured worker was diagnosed as having lumbar radiculopathy and lumbar disc disorder. Treatment to date has included a transforaminal lumbar epidural injection x 2 levels on 4/14/15, a lumbar MRI on 3/12/15 showing multilevel facet arthropathy, a TENs unit with mild relief and chiropractic and physical therapy with moderate relief. Current medications include Norco, Advil, Alprazolam, Lexapro, Lyrica, Tylenol, Lorazepam, Ambien and Orphenadrine since at least 3/2/15. As of the PR2 dated 6/1/15, the injured worker reports pain in her lower back. She rates her pain a 1/10 with medications and a 6/10 without medications. She noted that her sleep quality is good. Objective findings include restricted lumbar and cervical range of motion, a negative straight leg raise test and a positive lumbar facet loading on the right. The treating physician requested a transforaminal lumbar epidural injection, Ambien and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TLESI: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, she had increased pain and was having trouble sleeping. Pain was radiating intro the right lower extremity. Physical examination findings included decreased lumbar spine range of motion with positive right facet loading. There was decreased lower extremity strength and sensation. An MRI in March 2015 included findings of multilevel foraminal disc protrusions. A transforaminal epidural steroid injection at L4/5 on 04/14/15 is referenced as producing up to 50% pain relief. An epidural steroid injection was also done in October 2014 with reported pain relief. On 05/06/15 transforaminal epidural steroid injections at the L2/3 level were requested. Guidelines recommend that, in the therapeutic phase, repeat injections 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. In this case, when seen by the requesting provider less than one month later another injections was requested which did not meet the recommended criteria. The request is not medically necessary.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, she had increased pain and was having trouble sleeping. Pain was radiating intro the right lower extremity. Physical examination findings included decreased lumbar spine range of motion with positive right facet loading. There was decreased lower extremity strength and sensation. An MRI in March 2015 included findings of multilevel foraminal disc protrusions. A transforaminal epidural steroid injection at L4/5 on 04/14/15 is referenced as producing up to 50% pain relief. An epidural steroid injection was also done in October 2014 with reported pain relief. On 05/06/15 transforaminal epidural steroid injections at the L2/3 level were requested. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep

disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien is not medically necessary.

Orphenadrine: 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 (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, Page(s): 63, 65.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic low back pain. When seen, she had increased pain and was having trouble sleeping. Pain was radiating intro the right lower extremity. Physical examination findings included decreased lumbar spine range of motion with positive right facet loading. There was decreased lower extremity strength and sensation. An MRI in March 2015 included findings of multilevel foraminal disc protrusions. A transforaminal epidural steroid injection at L4/5 on 04/14/15 is referenced as producing up to 50% pain relief. An epidural steroid injection was also done in October 2014 with reported pain relief. On 05/06/15 transforaminal epidural steroid injections at the L2/3 level were requested. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It is not medically necessary.