

Case Number:	CM15-0125026		
Date Assigned:	07/09/2015	Date of Injury:	06/06/1994
Decision Date:	09/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

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 56-year-old male, who sustained an industrial injury on 06/06/1994. The mechanism of injury was not made known. According to a progress report dated 05/26/2015, the injured worker continued to complain of back pain. He stated that the pain down the left leg was much more prominent than before. Pain had been increasing over time and was getting to the point where he wanted to have an injection. Pain radiated from the back, down to the buttock and thigh and into the calf. Numbness and paresthesias in the little toes was noted. Previous epidural injections were helpful by about 75 percent and lasted for a few months at a time. The last injection received was 2 years prior. Physical examination demonstrated tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. Back pain was noted on range of motion. Facet maneuver was equivocal. Straight leg raise on the left side elicited pain that radiated down the distal leg with an increase in paresthesias in the left lateral toes. Straight leg raise on the right elicited just hamstring tightness. Neurologic exam was otherwise intact for reflexes, strength and sensation. His gait was mildly antalgic. A well-healed lumbar surgical scar was present in the lumbar region. Impression was noted as history of L5-S1 disc herniation status post 2 lumbar fusions at the L5-S1 level and persistent back pain and bilateral lumbar radiculitis greater on the left. The treatment plan included a request for authorization for a lumbar epidural injection x 1 to be done under fluoroscopic guidance that would likely be done either above or below the surgical scar either via a left L4-L5 interlaminar approach or via a caudal approach. This would be determined at the time of the injection. The provider noted that the injured worker was to continue with Ultram and may take Parafon as needed. There was no

imaging reports submitted for review. It was unclear if he was working. Currently under review is the request for Parafon Forte (unspecified dose and quantity). Documentation submitted for review dates back to 02/23/2015. The injured worker was using Parafon Forte at that time. The provider noted that Parafon Forte was helpful without the side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left L4-L5 lumbar epidural injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Criteria for the use of Epidural steroid injections Page(s): 80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: CA MTUS chronic pain guidelines recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the IW previously had an injection with documented improvement of symptoms. The documentation does not support ongoing radicular pain. There are no electrodiagnostic studies included in the chart material. A specific radiculopathy has not been described to date in this injured worker. The MTUS for chronic pain states that epidural steroid injection is only for very specific radiculopathies shown by objective means. The documentation is not supported by the guidelines for the indications of an epidural steroid documentation. As such, the request is not medically necessary.

Parafon forte (unspecified dose and qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Muscle Relaxants, Chlorzoxazone (Parafon Forte) Page(s): 9, 63-65.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. MTUS guidelines state Chlorzoxazone (Parafon Forte) works primarily in the spinal cord and the subcortical areas of

the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. Side effects included drowsiness and dizziness. Urine discoloration may occur. Use in patients with hepatic impairment should be avoided. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Documentation shows that the injured worker had been using Parafon Forte back before 02/23/2015. Long-term use is not recommended. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.