

Case Number:	CM15-0127681		
Date Assigned:	07/14/2015	Date of Injury:	09/11/2009
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, California
 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 applicant is a represented 59-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 11, 2009. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve requests for a repeat epidural injection and Soma. The claims administrator referenced an RFA form received on June 12, 2015 in its determination. The claims administrator contended that the applicant had had a prior lumbar epidural steroid injection on August 25, 2014. The applicant's attorney subsequently appealed. In a September 25, 2014 progress note, the attending provider pointed out that the applicant had received an earlier lumbar epidural steroid injection in August 2014. The applicant had also undergone earlier laminectomy and fusion surgery, it was reported. The applicant's work status was not detailed. On October 2, 2014, the applicant reported ongoing complaints of low back pain radiating to the legs. The applicant was using OxyContin three times daily and oxycodone six times daily, in addition to Lyrica, it was reported. OxyContin, oxycodone, Robaxin, Lyrica, and Motrin were continued and/or renewed. The applicant's work status was not clearly reported on this date, although the applicant did not appear to be working. On December 11, 2014, permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. The applicant was described as using Soma, Lyrica, Motrin, Robaxin, OxyContin, and oxycodone as of October 30, 2014. On March 26, 2015, the applicant's permanent work restrictions were, once again, renewed. On April 15, 2015, the applicant reported heightened complaints of low back pain radiating to the bilateral

lower extremities. OxyContin, oxycodone, Lyrica, Soma, and Robaxin were continued and/or renewed while 16 sessions of physical therapy were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Bilateral Transforaminal L3-4 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the request for a repeat lumbar epidural injection was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, it did not appear that the applicant had affected any material gain from the prior lumbar epidural steroid injections performed over the course of the claim. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite receipt of prior epidural steroid injection therapy. The prior epidural injection failed to curtail the applicant's dependence on opioid agents such as OxyContin and oxycodone. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier epidural injection therapy. Therefore, the request for a repeat epidural injection was not medically necessary.

1 prescription of Soma 350mg #10 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Functional Restoration Approach to Chronic Pain Management Page(s): 29; 7.

Decision rationale: Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, using both OxyContin and oxycodone, opioid agents. Continued usage of carisoprodol, thus, in effect, represented treatment which ran counter to the philosophy espoused on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, the attending provider did not state why he

continued to prescribe the applicant with two separate muscle relaxants, Robaxin and Soma. Therefore, the request was not medically necessary.