

Case Number:	CM15-0132405		
Date Assigned:	07/20/2015	Date of Injury:	10/11/2010
Decision Date:	11/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/08/2015

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: Internal Medicine, Geriatric 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 28 year old male, who sustained an industrial injury on October 11, 2010. The medical records indicate that the injured worker is undergoing treatment for chronic lumbar discogenic myofascial pain, lumbar disc protrusion with stenosis, left hip pain, left lumbar radicular syndrome and chronic left shoulder pain. Current documentation dated June 18, 2015 notes that the injured worker reported increased left hip and left shoulder pain in the past month rated 8-9 out of 10. The injured worker was noted to being off his medications due to a moving to another state. Associated symptoms include pins and needles and numbness and tingling of the leg. The injured worker also noted right knee pain due to compensation. Examination of the left shoulder revealed mild tenderness and a full range of motion. Motor strength and deep tendon reflexes were normal. There was stretching of the median nerve with a Phalen's test. Examination of the lumbar spine revealed decreased lordosis, tenderness to palpation of the mid and lower spine and a restricted range of motion. Range of motion of the bilateral hips was unrestricted. Sensation was decreased in the left lower extremity. The injured worker was not working at the present time, but was to return to work with restrictions per the current documentation. Treatment and evaluation to date has included medications, radiological studies, MRI, lumbar epidural steroid injection (July 29, 2014), back support and physical therapy. A current medication list was not noted in the medical records. However, the injured worker has been prescribed Norco since at least May of 2012. Current requested treatments include Norco 5-325 mg #60, Flexeril 5 mg #60, Lidoderm Patches - 1 patch 12 hours a day as needed for pain, quantity unknown, lumbar transforaminal epidural steroid injection at left lumbar-four, lumbar-five under fluoroscopy and a MRI of the lumbar spine. Utilization Review dated July 1, 2015 non-certified the requests for Norco 5-325 mg # 60, Flexeril 5 mg # 60, Lidoderm Patches-1

patch 12 hours a day as needed for pain, quantity unknown, lumbar transforaminal epidural steroid injection at left lumbar-four, lumbar-five under fluoroscopy and a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: There is no evidence the pain requires opiates. He has reportedly not been taking opiates. Initiation of opiate therapy for chronic pain that has not required opiates is not indicated. Therefore, this request is not medically necessary.

Flexeril 5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: There is no evidence of significant spasm and the worker's symptoms are chronic. Cyclobenzaprine is not indicated for chronic use. The indication for the medication is not evident in the records. Therefore, this request is not medically necessary.

Lidoderm Patches, 1 patch, twelve hours a day as needed for pain, quantity unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The Lidoderm patch is not recommended or validated in the absence of specific evidence indicating peripheral neuropathic pain. The complaints do not indicate specific evidence of peripheral neuropathy. Therefore, this request is not medically necessary.

Lumbar Transforaminal epidural steroid injection at left L4-L5 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: There is no evidence of a radiculopathy or a specific area or nerve impingement responsive to an epidural injection. In the absence of specific evidence such as radicular pain there is no indication for an epidural injection. Therefore, this request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MRI is indicated in the presence of history and physical consistent with radiculopathy, "red flag" conditions such as evidence of tumor or infection, or if surgery is being considered. There is no evidence to suggest radicular pain, red flag conditions, or any indication for surgery. Therefore, this request is not medically necessary.