

Case Number:	CM15-0145119		
Date Assigned:	08/06/2015	Date of Injury:	12/30/2004
Decision Date:	10/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/27/2015

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, 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 50 year old female who sustained an industrial injury on 12-30-04. Information forthcoming was taken from provider documentation dated 2-4-15. The injured worker was diagnosed as having status post lumbar fusion, chronic bilateral knee pain status post left knee surgery, and chronic lumbar radiculopathy. The injured worker reported low back pain. Previous treatments included status post lumbar fusion, oral pain medication, activity modification, physical therapy and rest. Previous diagnostic studies were not noted. Work status was noted as permanent and stationary. The injured workers pain level was noted as 5-6 out of 10. Physical examination was notable for persistent back and leg pain, sciatic tension, positive straight leg raise to 70 degrees bilaterally, left knee joint line tenderness. The plan of care was for 1 right lumbar epidural steroid injection, L5-S1 (sacroiliac), 1 left lumbar epidural steroid injection, L5-S1 (sacroiliac), Norco 10-325 milligrams quantity of 180, Zanaflex 4 milligrams quantity of 60, Klonopin 1 milligrams quantity of 30 and Pristiq 100 milligrams quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Epidural Steroid Injection, L5-S1 (sacroiliac), Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request is for 1 right lumbar epidural steroid injection, L5-S1 (sacroiliac). Provider documentation dated 2-4-15 showed the injured worker reported back pain. CA MTUS recommendations state that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and physical therapy has failed. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). Documentation included did not include reported radiculopathy or inclusion of imaging study results. Without the supporting documentation, the request for 1 right lumbar epidural steroid injection, L5-S1 (sacroiliac) is not medically necessary.

Left Lumbar Epidural Steroid Injection, L5-S1 (sacroiliac), Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request is for 1 left lumbar epidural steroid injection, L5-S1 (sacroiliac). Provider documentation dated 2-4-15 showed the injured worker reported back pain. CA MTUS recommendations state that epidural steroid injection can be utilized for the treatment of lumbar radiculopathy when conservative treatment with medications and physical therapy has failed. The criterion for injection includes but is not limited to radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs [non-steroidal anti-inflammatory drugs] and muscle relaxants). Documentation included did not include reported radiculopathy or inclusion of imaging study results. Provider documentation does not show a failed trial of physical therapy or home exercise program. As such, the request for 1 left lumbar epidural steroid injection, L5-S1 (sacroiliac) is not medically necessary.

Norco 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 76-80, 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for Norco 10-325 milligrams quantity of 180. Provider documentation dated 2-4-15 showed the injured worker reported back pain. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. 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 included did not include a recent evaluation of the injured worker. Documentation does not give evidence of the efficacy of this medication for injured workers discomfort. As such, the request for Norco 10-325 milligrams quantity of 180 is not medically necessary.

Zanaflex 4 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64, 66.

Decision rationale: The request is for Zanaflex 4 milligrams quantity of 60. Provider documentation dated 2-4-15 showed the injured worker reported back pain. CA MTUS recommendations state Cyclobenzaprine (Flexeril) is to be used as an option, using a short course of therapy further stating that "The addition of cyclobenzaprine to other agents is not recommended." CA MTUS recommends "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain...Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Standards of care indicate medications within the drug class of antispasmodic/ muscle relaxants are to be utilized for a short course of therapy. Documentation included did not include a recent evaluation of the injured worker. Documentation does not give evidence the clear efficacy of this medication for injured worker. Additionally, provider documentation does not note the initiation date of Zanaflex. As such, the request for Zanaflex 4 milligrams quantity of 60 is not medically necessary.

Klonopin 1 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The request is for Klonopin 1 milligrams quantity of 30. Provider documentation dated 2-4-15 showed the injured worker reported back pain. CA MTUS recommendations state that Benzodiazepines have unproven efficacy and are therefore not recommended for long-term use. CA MTUS states that "Chronic benzodiazepines are the treatment of choice in very few conditions." "Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Documentation included did not include a recent evaluation of the injured worker. Documentation does not give evidence the clear efficacy of this medication for injured workers pain. Additionally, provider documentation does not note the initiation date of Klonopin. As such, the request for Klonopin 1 milligrams quantity of 30 is not medically necessary.

Pristiq 100 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin noradrenaline reuptake inhibitors Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (Serotonin Noradrenaline Reuptake Inhibitors Page(s): 105.

Decision rationale: The request is for Pristiq 100 milligrams quantity of 30. Provider documentation dated 2-4-15 showed the injured worker reported back pain. CA MTUS recommendations state that SNRI's are "recommended as an option I first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated." Documentation included did not include a recent evaluation of the injured worker or assessment of mental health. Documentation does not give evidence the clear efficacy of this medication for injured worker. As such, the request for Pristiq 100 milligrams quantity of 30 is not medically necessary.