MAXIMUS Federal Services

Case Number:	CM15-0173010		
Date Assigned:	09/15/2015	Date of Injury:	12/24/2011
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/02/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 12-24-2011. Diagnoses include lumbar instability L3-4and L4-5 with spinal stenosis, neural foraminal narrowing and herniated nucleus pulposus. Treatment to date has included medications, home exercise, epidural steroid injections (ESI), activity modification and physical therapy. Per the Primary Treating Physician's Progress Report dated 8-05-2015 the injured worker reported the pain is about the same but recently he has been having a flare up. He requests a Toradol injection for the flare up and rates his pain as 8 out of 10 without medications and before ESI and 4 out of 10 with. He reports low back pain and left lower extremity numbness tingling. He continues to have low back spasms which are reduced with his muscle relaxer. Objective findings included lumbar tenderness and spasms with about 40% decreases range of motion. Magnetic resonance imaging (MRI) of the lumbar spine dated 3-03-2015 was read as "collapse with severe SS (spinal stenosis) and NFN (neural foraminal narrowing) at L4-5, HNP (herniated nucleus pulposus) with DDD (degenerative disc disease), SS, and NFN L3-4." A Toradol injection was administered. The plan of care included refills of medication and ESI. Authorization was requested on 8-06-2015, for a retrospective Toradol injection (DOS 8-05-2015) an outpatient lumbar L3-4 and L4-5 ESI, and medications including Flexeril 10mg #90, Naproxen 550mg #90, Protonix 40mg #30 and Ultram 50mg #60. On 8-12-2015, Utilization Review non-certified the request for an outpatient lumbar L3-4 and L4-5 ESI, citing that MTUS criteria for repeat ESI are not met, and Flexeril 10mg #90 and Ultram 50mg #60 citing lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection at L3-L4 and L4-L5: 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): Epidural steroid injections (ESIs).

Decision rationale: CA MTUS Guidelines recommend epidural steroid injections (ESI) as optional for radicular pain in order to avoid surgery. They may offer short-term benefit however there is no significant long-term benefit or reduction for the need of surgery. The patient does not appear to be a candidate for surgery. The patient injured his low back in 2011 and apparently has had ESI in the past. However the number of ESI and response to the last ESI is not documented with this request. Therefore criteria have not been met for repeat ESI and the request is not medically necessary or appropriate.

Flexeril 10mg #90: 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), Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines states that Flexeril is recommended for short-term use. Muscle relaxants are recommended as a second-line option for short-term use, usually less than 2 weeks. The effect is greatest during the first 4 days of use. MTUS does not support chronic use. In this case, there is no documentation of significant functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use. Therefore, based on the guidelines and a review of the evidence, the request for Flexeril is not medically necessary or appropriate.

Ultram 50mg #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 for chronic pain.

Decision rationale: CA MTUS Guidelines state that Ultram (Tramadol) is a centrally-acting synthetic opioid effective in managing neuropathic pain. It is not recommended as a first-line oral analgesic. MTUS recommends that there should be a documentation of the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug-taking behavior. The clinical documentation submitted failed to document functional improvement with the use of Ultram. Therefore the request is not medically necessary or appropriate.