

Case Number:	CM15-0031252		
Date Assigned:	02/24/2015	Date of Injury:	02/01/2011
Decision Date:	06/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 43-year-old male, who sustained an industrial injury on 02/01/2011. He has reported subsequent shoulder and back pain and was diagnosed with bilateral shoulder impingement and partial ankylosis, lumbosacral sprain/strain, lumbar degenerative disc disease, bilateral lumbar radiculitis and chronic pain syndrome. Treatment to date has included oral and injectable pain medication, physical therapy, chiropractic therapy and the application of heat and ice. In a progress note dated 01/20/2015, the injured worker complained of continued low back, neck and shoulder pain. Objective physical examination findings were notable for moderate to severe tenderness of the lumbar paraspinal muscles and reduced range of motion with spasm and guarding. The physician noted that the injured worker had exhausted all conservative treatments and that a request for authorization of lumbar epidural steroid injection would be submitted along with Zohydro and Flexeril as well as a chronic pain functional rehabilitation program to improve overall functional status and gradually reduce dependency on oral pain medication. On 02/03/2015, Utilization Review non-certified requests for lumbar epidural steroid injection of L5-S1, chronic pain functional rehabilitation program for 1 day, Zohydro ER and Flexeril, noting that there was no rationale to support the request for the epidural injection, that there was no evidence of functional benefit with the use of Zohydro and Flexeril and that the injured worker would not be a surgical candidate when other treatments would be warranted. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 & L5-S1: 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 (ESIs) Page(s): 46.

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complains of chronic radicular low back pain. Documentation shows objective sensory deficits consistent with radiculopathy on physical examination, however, documentation fails to show corroborating findings of significant disc bulge or neural stenosis on imaging at the spinal levels being treated. The request for Lumbar epidural steroid injection at L4-L5 & L5-S1 is not medically necessary by MTUS.

Chronic Pain Functional Rehabilitation Program for 1 day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (functional restoration programs) Page(s): 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30 & 33, pg 49.

Decision rationale: Multidisciplinary pain programs or Interdisciplinary rehabilitation programs combine multiple treatments, including physical treatment, medical care and supervision, psychological and behavioral care, psychosocial care, vocational rehabilitation and training and education. Per MTUS guidelines, Outpatient pain rehabilitation programs may be recommended if previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, if the patient has a significant loss of ability to function independently resulting from the chronic pain and if the patient is not a candidate where surgery or other treatments would clearly be warranted. The injured worker complains of chronic radicular low back pain and bilateral shoulder impingement. Documentation fails to support the absence of other treatment options or that the injured worker is not a candidate for surgery. The request for Chronic Pain Functional Rehabilitation Program for 1 day is not medically necessary by lack of meeting guideline criteria.

Zohydro ER 30mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zohydro (hydrocodone).

Decision rationale: Zohydro ER is the first single-entity extended-release (ER) formulation of hydrocodone approved by the FDA, which unlike Vicodin, Lortab and Norco, is not buffered with acetaminophen or some other OTC medication. It is not recommended by ODG as a first line drug for treatment of acute or chronic non-malignant pain because short-acting opioids are recommended prior to use of long-acting opioids. According to the FDA, Zohydro ER should be reserved for use in patients for whom alternative treatment options are ineffective. MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker is diagnosed with chronic pain syndrome. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to justify continued clinical use of opioids. The request for Zohydro ER 30mg, #30 is not medically necessary due to lack of adequate response to current opioids and by MTUS.

Flexeril 10mg, #30: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of muscle relaxants. The request for Flexeril 10mg, #30 is not medically necessary per MTUS guidelines.