

Case Number:	CM15-0042969		
Date Assigned:	03/13/2015	Date of Injury:	12/27/2013
Decision Date:	04/22/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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: Georgia, California, Texas

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 injured worker is a 45 year old female, who sustained an industrial injury on 12/27/2013. Initial complaints reported included low and mid back pain/injury. The initial diagnoses were not found in the medical records. Treatment to date has included conservative care, medications, MRI of the lumbar spine (02/18/2014), physical therapy, and lumbar epidural steroid injection. Currently, the injured worker complains of continued and worsening low back pain. Current diagnoses include lumbar radicular pain, lumbar radiculopathy, anxiety, depression, and sleep disturbance. The treatment plan consisted of repeat lumbar epidural steroid injection, continued medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41 of 127.

Decision rationale: MTUS recommends cyclobenzaprine for short-term use only, and notes that effect is greatest in the first 4 days of treatment. MTUS does not support long-term, chronic use of muscle relaxants. Medical necessity is not established for the requested Cyclobenzaprine.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: MTUS recommends proton pump inhibitors (PPIs) as gastroprotective agents for patients receiving oral NSAIDs who report dyspepsia or have risk factors for gastrointestinal adverse events. Office notes documented use of diclofenac ER and history of GI upset with NSAIDs in the past. However, per the current review diclofenac ER is not certified. Due to lack of certification for continued oral NSAID therapy and lack of documented current/recent GI complaints, medical necessity is not established for the requested omeprazole.

Diclofenac ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69 of 127.

Decision rationale: For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS recommends short-term use of NSAIDs for chronic low back pain or acute exacerbations of low back pain, but does not support chronic use of NSAIDs for low back conditions. MTUS cautions concerning risk for potentially serious or fatal GI, hepatic, renal, and cardiovascular side effects with NSAID use, and recommends monitoring for side effects while on NSAID therapy. No detailed risk assessment or monitoring of appropriate baseline or periodic laboratory studies (CBC, liver function tests, renal function tests including serum BUN & creatinine) is documented in office notes from 04/24/14 through 02/17/15. (Urine creatinine was measured with drug screens, and on 07/16/14 was noted to be abnormal. There was no comment on this result in subsequent notes.) Injured worker has remained on 10 lb lift restriction/sedentary duty since at least 04/24/14 without change, despite medications and ESIs. Due to lack of support by MTUS for chronic NSAID use for this condition, lack of documented risk assessment or monitoring for adverse medication effects, and lack of documented functional improvement with NSAID therapy, medical necessity is not established for the requested diclofenac ER.

Lumbar intralaminar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: MTUS criteria for repeat ESIs include: "continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks". 04/24/14 initial orthopedic evaluation recommended a series of 2 L4-5 ESIs, and first injection was performed on unknown date with "favorable response". Pain was reported to be worsened on 06/05/14. A second ESI was performed 07/02/14. 07/16/14 office note documented good response, without specifics concerning amount of response or functional improvement. As of 08/05/14 office note pain level was documented as 8/10. 08/13/14 office note stated that initial response was favorable but symptoms were recurring. Injured worker remained at sedentary work only. 09/19/14 neurosurgical evaluation note stated that ESI approximately 2 months earlier had provided relief for 2-3 weeks, after which pain was worse than prior to injection. Noting failure of response to ESIs, medications, and home exercises, L4-5 fusion was recommended. 11/18/15 office note stated there was 80% relief for 1-2 months following previous ESIs. 02/17/15 office notes stated there was 80% relief for 2-3 months following previous ESIs. The amount and duration of relief from ESIs reported in the most recent office notes is inconsistent with documentation nearer to the time of injections, and no functional improvement is documented following 2 previous ESIs. Due to lack of sufficient documented response to a series of 2 initial ESIs, medical necessity is not established for repeat ESIs per MTUS criteria.