

Case Number:	CM15-0064432		
Date Assigned:	04/10/2015	Date of Injury:	07/01/2010
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 44-year-old female who sustained an industrial injury on 07/01/2010. Diagnoses include thoracic/lumbar spine spasticity with bilateral lower extremity radiculitis and stenosis at L4-5 with facet joint osteoarthritis. Treatment to date has included medications, physical therapy, acupuncture, chiropractic treatment and bracing. According to the progress notes dated 3/2/15, the IW reported visiting the emergency room since her last office visit due to increased back pain. It was reported that chiropractic therapy and other conservative treatments did not relieve her symptoms. A request was made for lumbar steroid epidural injection L5-S1 after failure of conservative care and Norco 5/325mg and Fexmid 7.5mg for pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar steroid epidural injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for low back pain. When seen, there had been an increase in symptoms. When seen, medications were provided pain relief from 7/10 to 5/10. Physical examination findings included decreased lower extremity sensation with positive Bowstring test. An MRI of the lumbar spine in August 2014 had shown findings of an L4/5 disc protrusion. Fexmid is being prescribed on a long-term basis. Norco is being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. An epidural injection was requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity sensation with positive neural tension signs and imaging has shown findings consistent with the presence of radiculopathy. Prior conservative treatments have included physical therapy and medications. This request is for an epidural steroid injection to be performed under fluoroscopy. The criteria are met and the requested epidural steroid injection is therefore medically necessary.

120 Norco 5/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for low back pain. When seen, there had been an increase in symptoms. When seen, medications were provided pain relief from 7/10 to 5/10. Physical examination findings included decreased lower extremity sensation with positive Bowstring test. An MRI of the lumbar spine in August 2014 had shown findings of an L4/5 disc protrusion. Fexmid is being prescribed on a long-term basis. Norco is being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and is providing some degree of pain relief. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

60 Fexmid 7.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for low back pain. When seen, there had been an increase in symptoms. When seen, medications were provided pain relief from 7/10 to 5/10. Physical examination findings included decreased lower extremity sensation with positive Bowstring test. An MRI of the lumbar spine in August 2014 had shown findings of an L4/5 disc protrusion. Fexmid is being prescribed on a long-term basis. Norco is being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy in patients with muscle spasms. In this case, when prescribed, the treating provider documented the presence of muscle spasms and a 30 day supply was prescribed. Therefore, Fexmid was medically necessary.