

Case Number:	CM15-0096538		
Date Assigned:	05/26/2015	Date of Injury:	11/10/2009
Decision Date:	07/07/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/19/2015

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: Florida
 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:

This 63-year-old female sustained an industrial injury to the low back on 11/10/09. Previous treatment included magnetic resonance imaging, lumbar fusion and revision, physical therapy, aqua therapy and medications. Past medical history included asthma, diabetes mellitus and hypertension. Lumbar spine x-rays (2/5/15) showed no failure of hardware but the injured worker had developed spondylolisthesis at L5-S1. In a PR-2 dated 4/2/15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities as well as soreness and tightness in bilateral quadriceps and electrical shocks in bilateral legs. Physical exam was remarkable for tenderness to palpation to the paraspinal musculature with decreased range of motion and diffuse numbness and tingling to bilateral lower extremities. The injured worker walked with a cane. Current diagnoses included arachnoiditis at L2-4, chronic pain, lumbar spine disk degeneration and spondylolisthesis at L5-S1, history of dural tear with probable postoperative pseudomeningocele, kyphosis at the thoracolumbar junction, lumbar spine stenosis, opioid dependence and status post lumbar fusion and revision. The injured worker had been prescribed Norco since at least 12/4/14. The treatment plan included requesting authorization to initiate Cymbalta, for a caudal epidural and for lumbar epidural steroid injection as well as medication refills (Norco, Tizanidine and Trazadone).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Tizanidine is not medically necessary.

Trazodone 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online Edition, Trazodone.

Decision rationale: MTUS guidelines are silent on the issue of Trazodone. Likewise, ODG guidelines were referenced. ODG states that Trazodone is "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." Regarding this patient's case, there is no documentation of formal

psychiatric diagnoses nor documented efficacy with this medication. Likewise, this request is not considered medically necessary.

Cymbalta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42 of 127.

Decision rationale: California MTUS guidelines states regarding Cymbalta, "Cymbalta is the brand name for duloxetine, and it is supplied by Eli Lilly and Company. Duloxetine is an antidepressant in the class called Selective serotonin and Norepinephrine reuptake inhibitors (SNRIs). See Duloxetine (Cymbalta)." Regarding this patient's case, there is no documentation of what formal psychiatric diagnosis this medication is being prescribed for. This medication can also be prescribed for neuropathic pain. The request did not contain information on the dosage nor quantity to be prescribed. Likewise, this request is not considered medically necessary.

Caudal Epidural: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Table 12-8, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: Criteria for the use of Epidural steroid injections: Note: 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Regarding this patient's case, radiculopathy is not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore, this request for a Caudal ESI is not considered medically necessary.