

Case Number:	CM13-0005661		
Date Assigned:	08/20/2013	Date of Injury:	06/05/2007
Decision Date:	06/19/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old male with an injury date of June 5, 2007. Based on the July 9, 2013 progress report by [REDACTED], the patient's diagnosis include back and neck pain. The patient has weakness in the right hand and numbness and tingling down the left foot, left leg, and in the left hand. He continues to state that he is unable to return to work and has not worked since September 2008. [REDACTED] is requesting the following: 1) 30 qty of Meloxicam 15 mg 2 refills 2) Cyclobenzaprine HCL 10 mg 3) MRI of lumbosacral and lumbar spine 4) 1 request to continue the TENS unit 5) 1 referral to a neurosurgeon The utilization review determination being challenged is dated July 13, 2013 and recommends denial of the Meloxicam, Cyclobenzaprine, MRI, TENS (transcutaneous electrical nerve stimulation) unit, and referral to neurosurgeon. [REDACTED] is the requesting provider, and he provided treatment reports from June 7 to November 7, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg #30 w/2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 - 61.

Decision rationale: According to the July 9, 2013 progress report by [REDACTED], the patient presents with back and neck pain. The request is for thirty Meloxicam 15 mg 2 refills. The patient began taking Meloxicam on June 7, 2013. The July 9, 2013 progress report states that the "Patient tried tramadol and meloxicam which were not helpful for the pain." MTUS states NSAIDs (non-steroidal anti-inflammatory drugs) are indicated for short term relief of chronic low back pain. The Chronic Pain Medical Treatment Guidelines also states all therapies are focused on the goal of functional restoration and the assessment of treatment efficacy is accomplished by reporting functional improvement. In this case, the treater reports that meloxicam has not been beneficial. The request for Meloxicam 15 mg, thirty count with two refills, is not medically necessary or appropriate.

1 prescription of Cyclobenzaprine HCL 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 66.

Decision rationale: According to the July 9, 2013 progress report by [REDACTED], the patient presents with back and neck pain. The request is for Cyclobenzaprine HCL 10 mg. The first report provided on June 7, 2013 by [REDACTED] indicates that the patient is taking Cyclobenzaprine. According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine are "not recommended to be used for longer than two to three weeks." Based on the review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or documentation that it has done anything for the patient's pain. The request for one prescription of Cyclobenzaprine HCL 10mg is not medically necessary or appropriate.

MRI of the lumbosacral and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: According to the July 9, 2013 progress report by [REDACTED], the patient presents with back and neck pain. The request is for MRI of lumbosacral and cervical spine. The request was denied by utilization review letter dated July 13, 2013. The rationale was that "A prior request for an MRI of the lumbar spine was recently recommended certified in review on July 13, 2013." ACOEM guidelines do not support MRI's in the absence of red flags or

progressive neurologic deficit. ODG Guidelines state that "repeat MRI's are indicated only if there has been progression of neurologic deficit," or for prior lumbar surgery. The request for a MRI for the lumbar spine appears to be a duplicate request. The request for an MRI of the lumbosacral and cervical spine is not medically necessary or appropriate.

TENS unit continuation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 116.

Decision rationale: According to the July 9, 2013 progress report by [REDACTED], the patient presents with back and neck pain. The request is for to continue the TENS unit. The patient has been using the TENS unit since June 20, 2013 as noted on [REDACTED] June 20, 2013 progress report. The Chronic Pain Medical Treatment Guidelines states "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In this patient, the treater does not indicate how often the patient is using the TENS unit and with what benefit. For continued home use of these units, documentation of use and benefit in terms of pain reduction and functional gains are required. The request for a TENS unit continuation is not medically necessary or appropriate.

A referral to a neurosurgeon.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: According to the July 9, 2013 progress report by [REDACTED], the patient presents with back and neck pain. The request is for 1 referral to a neurosurgeon. The request was denied by utilization review letter dated July 13, 2013. The rationale was that "a prior request for referral to a neurosurgeon was already recommended certified in review #381920 on July 13, 2013." The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines states "health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex..." The request for a referral to a neurosurgeon is medically necessary and appropriate.