

Case Number:	CM13-0005729		
Date Assigned:	08/20/2013	Date of Injury:	08/09/2007
Decision Date:	01/13/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Maryland. 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 physician 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 60-year-old female who reported a work-related injury as a result of cumulative trauma on 08/09/2007. The patient subsequently presents for treatment of the following diagnoses, lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, and neuropathic pain. The MRI of the lumbar spine dated 03/15/2013 signed by [REDACTED] revealed: (1) Postsurgical changes from a posterior spinal fusion and lumbar interbody fusion at the L2-3, L3-4, L4-5, and L5-S1 levels with bilateral laminectomy defects noted. (2) No solid interbody fusion was apparent at the L2-3 and L5-S1 levels. A solid interbody fusion had been achieved at the L3-4 and L4-5 levels. (3) The left-sided screw through L2 courses inferior to the left L2 pedicle and causes moderate narrowing of the vertical dimension of the left neural foramen at the L2-3 level. (4) Adjacent level degeneration above the fusion at L1-2, where there was degenerative disc disease including disc desiccation, moderate loss of disc height, a 2 mm concentric bulge, and endplate degenerative changes with endplate edema. (5) Scar tissue in the left lateral recess at the L3-4, which surrounds the left central L4 nerve root. (6) Mild dextroscoliosis of the mid lumbar spine with a Cobb angle of 8 degrees. The clinical note dated 06/27/2013 reports the patient was seen for followup under the care of [REDACTED]. The provider documents the patient continues with a great deal of inflammation around her knee and low back and pain from a failed saddle block. The provider documents the patient's pain is rated at 7/10 with medication and 9/10 without medications. The provider documented the patient was recommended to continue the following medication regimen, Skelaxin 800 mg 1 tab by mouth 4 times a day for muscle spasms, Norco 10/325 mg 1 tab by mouth every 6 hours, Cidaflex 2 by mouth every A.M. and 1 by mouth every P.M. for joint pain, Medrox patches at bedtime for 8 hours for muscle pain and stiffness, Lyrica 75 mg

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The clinical notes provided for review did not provide evidence of when the patient last underwent a urine drug screen. The necessity for the patient to undergo a urine drug screen was also not provided in the clinical notes submitted for review, and there was no specific rationale for the given frequency of request for a urine drug screen. The clinical notes did not evidence the patient was non-compliant or presented with aberrant drug behaviors. MTUS Chronic Pain Guidelines indicate, "Drug testing is recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs." Given all of the above, the request for urine drug screen is not medically necessary and appropriate.

Skelaxin 800mg: Upheld

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

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

Decision rationale: The current request previously received an adverse determination on 07/17/2013. MTUS Chronic Pain Guidelines indicate, "Muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain." The clinical notes provided for review lack evidence of the patient's duration of use with this medication and evidence of an acute exacerbation. Therefore, the request for Skelaxin 800 mg is not medically necessary and appropriate.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The clinical notes indicate that this medication has been recommended for weaning on multiple reviews. The clinical notes do not evidence a specific quantifiable evidence of the patient's reports of efficacy with utilization of this medication for her pain such as a

decrease in rate of pain on a visual analog scale (VAS) or an increase in objective functionality. MTUS Chronic Pain Guidelines indicate, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Therefore, given all of the above, the request for Norco 10/325 mg is not medically necessary and appropriate.

Cidaflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 56.

Decision rationale: Cidaflex includes glucosamine with chondroitin sulfate. MTUS Chronic Pain Guidelines state, "Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). (Richy, 2003) (Ruane, 2002) (Towheed-Cochrane, 2001) (Braham, 2003) (Reginster, 2007)." Although the MTUS Chronic Pain Guidelines would support the form of chondroitin in Cidaflex, the clinical notes lack evidence of the patient's reports of efficacy with this medication. MTUS Chronic Pain Guidelines recommend the use of glucosamine for osteoarthritis which this patient does not have and the physician did not provide a rationale for using this medication in the absence of osteoarthritis. Therefore, given the above, the request for Cidaflex is not medically necessary and appropriate.

Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS Chronic Pain Guidelines indicate, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Given the lack of documentation of the patient's report of efficacy with her current medication regimen as evidenced by a decrease in rate of pain on a VAS and increase in objective functionality, the current request for Medrox patches is not medically necessary or appropriate.

Medrol dosepak: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines CRPS Medications Page(s): 37-38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: Upon physical exam on the last clinical note submitted for review dated from June, the provider documented the patient presented with swelling about the knee and the lumbar spine. MTUS/ACOEM Guidelines do not recommend the use of oral corticosteroids for low back disorders. MTUS Chronic Pain Guidelines only address corticosteroids for CRPS which this patient has not been diagnosed with. Official Disability Guidelines provide recommendations for the requested medication for the patient's specific diagnosis. The Official Disability Guidelines indicate, "Oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain so given their serious adverse effects, they should be avoided." Therefore, given the above, the request for Medrol Dosepak is not medically necessary and appropriate.

Toradol 60mg IM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: The current request previously received an adverse determination due to MTUS Chronic Pain Guidelines indicating, "This medication is not indicated for minor or chronic painful conditions." The clinical notes indicate the patient presents with chronic complaints of lumbar spine pain status post a work-related injury sustained over 6 years ago. Furthermore, the clinical notes do not document the patient's recent utilization of active treatment interventions for her pain complaints to the lumbar spine, or if the patient had previously utilized this intervention for exacerbations of pain and the efficacy of treatment. Given the lack of guideline support for the requested intervention, the request for Toradol 60 mg IM is not medically necessary and appropriate.