

Case Number:	CM13-0008299		
Date Assigned:	03/07/2014	Date of Injury:	10/19/2007
Decision Date:	04/24/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/07/2013

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:

This is a 37 year-old male who was injured on 10/19/2007. He has been diagnosed with Lumbago with radiculopathy; failed back surgery; lumbar spasms and neuropathy, right leg. According to the 7/10/13 orthopedic report from [REDACTED], the patient presents with 10/10 low back pain. He reports he is currently doing acupuncture and using medications that are helping. The patient has a laminectomy and fusion is Feb. 2009. Since the surgery his left toes curl under and pain radiates down the hip on the right. He has positive sciatic stretch test on the right, SLR positive on right. Numbness is reported on the outer thigh in the right leg. On 7/5/13 UR delayed authorization for a LESI from 6/6/13 to 9/1/13; #4 urine drug screens each quarter for a year; use of Norflex from 6/6/13-9/1/13; and Mobic 15mg from 6/6/13-9/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR EPIDURAL INJECTION PAIN MANAGEMENT BETWEEN 6/6/13 AND 9/1/13: Upheld

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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the 7/10/13 orthopedic report from [REDACTED], the patient presents with 10/10 low back pain. The patient has a laminectomy and fusion is Feb. 2009. Since the surgery his left toes curl under and pain radiates down the hip on the right. He has positive sciatic stretch test on the right, SLR positive on right. Numbness is reported on the outer thigh in the right leg. The physician has not identified a specific pattern of radiculopathy, and the level of the ESI is not specified. The 12/23/13 lumbar MRI showed left-sided L2/3 foraminal narrowing which is not consistent with the right-sided exam findings. The request for a lumbar ESI and an unknown level does not appear to be consistent with the MTUS recommendations.

FOUR (4) URINE DRUG SCREEN 1 EVERY QUARTER FOR 1 YEAR: 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: According to the 7/10/13 orthopedic report from [REDACTED], the patient presents with 10/10 low back pain. The patient has a laminectomy and fusion is Feb. 2009. Since the surgery his left toes curl under and pain radiates down the hip on the right. He has positive sciatic stretch test on the right, SLR positive on right. Numbness is reported on the outer thigh in the right leg. There was a request for urine drug testing every three months. There was no mention of the patient being at risk for aberrant drug behavior. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for UDT is not in accordance with the frequency listed under ODG guidelines.

PRESCRIPTION OF NORFLEX 100MG, #60 BETWEEN 6/6/13 AND 9/1/13: Overturned

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

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

Decision rationale: According to the 7/10/13 orthopedic report from [REDACTED], the patient presents with 10/10 low back pain. He was using Norflex, tramadol, Mobic and gabapentin. The 6/6/13 report states the patient is only taking tramadol and ibuprofen. I have been asked to review for Norflex 100mg #60. The records show that this was the initial prescription for Norflex, and according to the MTUS guidelines, recommended dose, this is a 30-day supply.

MTUS states muscle relaxants are an option for short-term treatment of low back pain. The initial request for Norflex appears to be in accordance with MTUS guidelines.

PRESCRIPTION OF MOBIC 15MG, #30 BETWEEN 6/6/13 AND 9/1/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-FLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: According to the 7/10/13 orthopedic report from [REDACTED], the patient presents with 10/10 low back pain. I have been asked to review for Mobic. MTUS states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. "The use of Mobic, an NSAID appears to be in accordance with MTUS guidelines.