

Case Number:	CM13-0011167		
Date Assigned:	07/02/2014	Date of Injury:	10/17/2008
Decision Date:	08/05/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	08/14/2013

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine 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 injured worker is a 55-year-old female with date of injury 10/17/08 with related neck and low back pain with radiation into the bilateral lower extremities. Per the progress report dated 6/18/14, she rated her pain level as 8-9/10 in intensity without medication, 4-5/10 with medication. Per physical exam, it was noted that the injured worker ambulated with the assistance of a cane. There was pain with palpation on the spinous processes of the lumbar spine, and of the paraspinal muscles over the facet joints bilaterally in the lumbar spine. magnetic resonance imaging (MRI) of the lumbar spine dated 3/13/12 revealed: 1) L3-4, disc protrusion that abuts the thecal sac. Facet and ligamentum flavum hypertrophy is noted. There is spinal cord narrowing as well as bilateral neuroforaminal narrowing. 2) L4-5, grade 1 spondylolisthesis of L4. Combined with a mild disc protrusion and facet and ligamentum flavum hypertrophy, there is marked spinal canal narrowing and bilateral lateral recess and neuroforaminal narrowing. 3) L5-S1, grade 1 spondylolisthesis of L5. Combined with a mild disc protrusion and facet and ligamentum flavum hypertrophy, there is spinal canal narrowing and bilateral neuroforaminal narrowing. 4) Straightening of the lumbar lordosis, which may be due to myospasm. 5) No other significant findings are noted. Electromyography/nerve conduction velocity (EMG/NCV) study of the upper extremities dated 3/15/12 revealed evidence of a mild bilateral carpal tunnel syndrome affecting sensory and motor components; no evidence of peripheral neuropathy was revealed; no evidence of cervical radiculopathy was revealed. She has been treated with physical therapy and medication management. The date of UR decision was 7/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, "Four 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 nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). 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." Review of the available medical records reveal neither documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

PROSPECTIVE REQUEST FOR FLEXERIL 5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: With regard to muscle relaxants, the MTUS Chronic Pain Medical Treatment Guidelines states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Regarding Cyclobenzaprine: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central

nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Review of the submitted documentation indicates that the injured worker has used this medication long term. Per 4/30/14 clinical record, it was noted that this medication was discontinued due to ineffectiveness and the injured worker was started on Robaxin. As its use was not consistent with guideline recommendations, and was not effective, the request is not medically necessary.

PROSPECTIVE REQUEST FOR LAXACIN (DOUCUSATE SODIUM 50MG /SENNOSIDES 8.6MG) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROPHYLACTIC TREATMENT OF CONSTIPATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0010876/?report=details#uses>.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Laxacin is docusate and Senna. It is used to treat constipation. Review of the submitted documentation revealed that constipation was never an issue for the injured worker. As opioid therapy was not deemed medically necessary, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PAIN MANAGEMENT CONSULTATION FOR LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Upon review of the submitted documentation, it appears that the injured worker does not meet the criteria for epidural steroid injection. The guidelines call for documentation of radiculopathy by physical examination with corroborating imaging studies. The only findings provided are diminished sensation. As such, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 URINE ANALYSIS QUALITIES ONLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines cites frequent random urine toxicology screens as a step to avoid misuse of opioids, in particular, for those at high risk of abuse. However, as ongoing opioid therapy was not deemed medically necessary, the request is not medically necessary.