

Case Number:	CM13-0020746		
Date Assigned:	11/15/2013	Date of Injury:	06/21/2013
Decision Date:	01/21/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/06/2013

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 and Rehabilitation and Sports Medicine and is licensed to practice in New York and Texas. 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 40-year-old male who reported injury on 06/21/2013, with a mechanism of injury being the patient was trying to place a suspect in custody, and the suspect pulled away. The patient was noted to have complaints of low back symptomatology. The physical examination revealed the patient had spasms, tightness, and tenderness in the paralumbar muscles. The diagnosis was noted to be L4-5 and L5-S1 bilateral disc herniation with lumbar radiculopathy. The request was made for an MRI of the lumbar spine, 6 visits of land therapy for the lumbar spine, prescription for Naproxen 550 mg #100, Cyclobenzaprine 7.5 mg #60, and Hydrocodone/APAP 10/325 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines recommend an MRI when a patient has unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The

patient was noted on electrodiagnostic to have a tingling sensation in the buttocks and numbness in the legs. The patient rated the severity of the pain as a 5/10 to 9/10, where 0 is no pain and 10 is the worst pain. The pain was noted to be aggravated by standing, repetitive waist bending/twisting, prolonged walking movements, walking on uneven surfaces, repetitive lifting/carrying, and 1-time lift. The patient was noted to have an x-ray of the lumbar spine with a pars defect at the L4-5, with a grade I slip. It also was noted that there was a slight amount of narrowing at the L5-S1 disc space that is suggestive of the injury as well. Given the above, and the documentation of nerve compromise on examination along with positive finding of a grade 1 slip on x-ray, the request for an MRI scan of the lumbar spine is medically necessary.

Six (6) visits of land therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing in soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 8-10 visits, and may be warranted for treatment of neuralgia, neuritis, and radiculitis. Clinical documentation submitted for review failed to provide documentation of the patient's functional deficits. Additionally, it was noted the patient has a pool, which he was taking advantage of daily for exercise and it was noted he was seeing benefit with it. Given the above and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for 6 visits of land therapy for the lumbar spine is not medically necessary.

Prescription Naproxen 550mg, #100: 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): 66,70.

Decision rationale: California MTUS guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. California MTUS recommends the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Clinical documentation submitted for review failed to provide the necessity for the medication. There was a lack of documentation to support the necessity for the medication, as it was noted the patient was taking Tylenol and Motrin, and there was lack of documentation of efficacy for those medications and a

lack of documentation of failure. Given the above, the request for prescription naproxen 500 mg #100 is not medically necessary.

Prescription Cyclobenzaprine 7.5mg, #60: 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): 41.

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. Clinical documentation submitted for review indicated the patient was getting a refill of the medication. It failed to provide documentation of the efficacy of the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

Prescription of Hydrocodone/APAP 10/325mg, #60: 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): 78,91.

Decision rationale: CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide documentation of the 4 A's, as per California MTUS Guideline recommendations. Clinical documentation failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for a prescription hydrocodone/APAP 10/325 #60 is not medically necessary.