

Case Number:	CM13-0024043		
Date Assigned:	06/06/2014	Date of Injury:	07/20/2008
Decision Date:	07/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/13/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58-year-old female, with a history of prior low back injuries, who reinjured her lower back on 7/20/08. She was later treated with surgery, which she responded to poorly, and ended up having chronic low back pain with radicular symptoms. She also complained of chronic neck pain. She was diagnosed with spondylosis of the lumbosacral area, cervical radiculopathy, lumbar/sacral radiculopathy, depression, post-laminectomy syndrome, insomnia, and left patella pain (related to prior fracture). She was also treated with NSAIDs, benzo-diazepines, opioids, home exercises, sleep aids, and muscle relaxants. The worker's physician stated in the progress note from 3/7/13 that she was continuing to experience saddle distribution numbness and difficulty with urination, which started after her fall in 7/12, and had been recommended she see a Urologist, but the worker did not think the symptoms were related and didn't want to see the Urologist. Later, on 7/24/13 she reported having improvement in her bladder and bowel symptoms, but persisted with having difficulty initiating her urinary stream. She was again seen by her primary treating physician on 8/21/13 for her follow-up complaining of back pain and muscle spasms radiating down left leg, for which she was taking multiple medications, wearing a back brace, and denied any bowel or bladder dysfunction. Physical examination revealed tender paraspinal muscles in the lumbar area, and nothing more remarkable. She was recommended to continue using her medications for her back, which included Klonopin, Motrin, and Zanaflex, and was recommended she do home exercises and physical therapy and referred her to Urology.

IMR ISSUES, DECISIONS AND RATIONALES

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

UROLOGY REFERRAL: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) p.127.

Decision rationale: The ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, the cause of her urinary symptoms seems to not be related to her back injury and were not significant enough for the worker to feel she wanted to see a urologist to consider medication or treatment. Therefore, due to her not being interested in following up with a specialist for a non-emergent consultation, and it not being related to her back injury, the Urology consultation is not medically necessary.

KLONOPIN: 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 Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In this case, the worker had been using Klonopin for longer than 4 weeks and other treatment modalities should be considered. Therefore, the Klonopin is not medically necessary.

MOTRIN: 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 NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The worker, in this case, had been using NSAIDs chronically, which is not recommended due to the potential side effects, and no evidence was seen in the documentation suggesting she was having an acute exacerbation to warrant its temporary use. Therefore, the Motrin is not medically necessary.

ZANAFLEX: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. They may be considered for short-term use in acute exacerbations of chronic pain, however. In the case of this worker, no evidence was seen exhibiting any signs of acute exacerbation of her back pain; therefore, the Zanaflex is not medically necessary.