

Case Number:	CM13-0024472		
Date Assigned:	11/20/2013	Date of Injury:	11/27/2007
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 is licensed to practice in Ohio 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.

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 34-year-old male who reported an injury on 11/27/2007, when he was breaking out plastic parts and then sandblasting them, and there was a vacuum system in the room where he was sandblasting, which accumulated toxic powder in a 55-gallon drum. He sealed the barrel off, and was rolling it out of the room when it hit a protruding 2 x 4, which caused the barrel to roll back toward the patient. He could not avoid it, and it rolled onto his toes and lower legs; and he pitched forward, reporting a sudden pop in his lower back and sudden abdominal pain. The patient is noted to have undergone a surgery in 2009, which consisted of a left-sided laminectomy and foraminotomy at L4-5 and L5-S1 level. A second surgery was reported to have been performed in 06/2011, which included foraminotomies at the L4-5 and L5-S1 on the right. Clinical note dated 11/26/2012 reported the patient was seen for his low back and left leg symptoms, which he rated 6/10. He is reported to be seeing his pain psychologist. He noted he had been taken off Cymbalta and started on an antidepressant, as well as medication for sleep. He was reported at that time to be using Medrox patches, which he found helpful in decreasing his pain; Robaxin twice a day, Norco 10/325 mg 3 times a day, and senna as needed for constipation. He noted the medications helped decrease his pain and increase his function. On physical examination, the patient is noted to have mild tenderness to palpation of the paraspinals in the lumbar region bilaterally, decreased range of motion in all planes of the lumbar spine, 4+/5 strength with dorsiflexion, plantar flexion and EHL on the left, decreased sensation to pinprick in the L4 and L5 distribution on the left, straight leg raise was positive on the left at 50 degrees with pain radiating to his toes, and he had a positive Lasegue's maneuver. On 04/29/2013, the patient was seen for a followup for his low back and left lower extremity symptoms, reporting 6/10 p

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The patient is a 34-year-old male who reported an injury to his low back on 11/27/2007. He is noted to have undergone 2 lumbar surgeries, the first in 2009 for a left-sided laminectomy and foraminotomy at L4-5 and L5-S1; and the second surgery in 06/2011 for lumbar foraminotomies at L4-5 and L5-S1 on the right. He is reported to complain of ongoing low back pain with radiation of pain to his left lower extremity. He is noted to have treated conservative with multiple sessions of psychotherapy, chiropractic treatment, physical therapy, epidural steroid injections, acupuncture, and has been approved for a spinal cord stimulator. He is reported to state that his medications reduce his pain and improve his level of function, allowing him to walk 30 minutes more per day and to stand to wash dishes. The California MTUS Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment for acute exacerbations of pain in patients with chronic low back pain. The patient is noted to have been prescribed cyclobenzaprine for several years and there is no documentation. As such, the requested muscle relaxants do not meet guideline recommendations. Based on the above, the request for cyclobenzaprine 7.5 mg is non-certified.

Hydrocodone/Apap 10/325mg: Upheld

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

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

Decision rationale: The patient is a 34-year-old male who reported an injury to his low back on 11/27/2007. He is noted to have undergone 2 lumbar surgeries, the first in 2009 for a left-sided laminectomy and foraminotomy at L4-5 and L5-S1; and the second surgery in 06/2011 for lumbar foraminotomies at L4-5 and L5-S1 on the right. He is reported to complain of ongoing low back pain with radiation of pain to his left lower extremity. He is noted to have treated conservative with multiple sessions of psychotherapy, chiropractic treatment, physical therapy, epidural steroid injections, acupuncture, and has been approved for a spinal cord stimulator. He is reported to state that his medications reduce his pain and improve his level of function, allowing him to walk 30 minutes more per day and to stand to wash dishes. The California MTUS Guidelines state that for patients taking narcotic analgesics on an ongoing basis, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects, and notes that pain assessment should include current pain, least reported pain since the period since the last assessment, average pain, intensity of pain after

taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. A satisfactory response to treatment is indicated by the patient's decreased pain, increased level of function, and improved quality of life. It also notes that immediate discontinuation of narcotic medications is suggested for use of illicit drugs and as the patient is noted to have undergone a urine drug screen on 07/24/2013, which was reported to be positive for marijuana and negative for all medications prescribed, the request for continuation of the Norco does not meet guideline recommendations. Based on the above, the requested hydrocodone/APAP 10/325 is non-certified.

Docusate/Sennosides 50/8.6mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid-induced constipation treatment. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The patient is a 34-year-old male who reported an injury to his low back on 11/27/2007. He is noted to have undergone a surgery in 02/2009 at L4-5 and L5-S1 on the left; and a second surgery in 06/2011 at L4-5 and L5-S1 on the right. He is reported to continue to complain of ongoing low back pain with radiation of pain and numbness and tingling in his left lower extremity. He is noted to have been prescribed Norco 10/325 mg, which he is noted to take 2 to 3 times a day for his low back pain. The California MTUS Guidelines recommend prophylactic treatment of constipation for patients who are taking narcotic analgesics. However, the patient is noted to have undergone a drug screen on 07/24/2013, which was reported to be negative for findings of his prescribed medications and positive for marijuana. In addition, there is no documentation that the patient reports episodes of constipation. As such, the need for a laxative and stool softener is not indicated. Based on the above, the requested Docusate/sennosides 50/8.6 mg is non-certified.

Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient is a 34-year-old male who reported an injury to his low back on 11/27/2007. He is noted to have undergone a left-sided laminectomy and foraminotomy at L4-5 and L5-S1 in 02/2009 and a second surgery at L4-5 and L5-S1 on the right side in 06/2011. He is reported to complain of ongoing low back pain with radiation of pain to the left lower extremity. The California MTUS states that any compounded medication that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines state that topical nonsteroidal anti-inflammatories are recommended for treatment of osteoarthritis and tendonitis in joints amenable to topical treatment, which does not include the lumbar spine. In

addition, they recommend them only for short-term use, normally 4 to 12 weeks. They state that capsaicin is recommended only as an option for patients who have not responded or are intolerant to other treatments, and do not recommend the use of the 0.0375% formulation, as there is no current indication that this increase over the 0.025% formulation provides any further efficacy. As the Medrox ointment contains methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%, and the patient has been using it for an ongoing, long-term basis for treatment of his low back pain, the requested Medrox does not meet guideline recommendations. Based on the above, the request for Medrox patches is non-certified.