

Case Number:	CM13-0024790		
Date Assigned:	11/20/2013	Date of Injury:	07/12/2012
Decision Date:	01/29/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/14/2013

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 Internal Medicine and Pulmonary Diseases 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 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 37-year-old male who reported an injury on 07/12/2012. The patient is currently diagnosed with herniated nucleus pulposus at L4-5 and L5-S1 status post decompression, recurrent herniated nucleus pulposus at L5-S1 status post revision decompression, and post-laminectomy instability. The patient was recently on 09/04/2013. The patient reported persistent 7-8/10 lower back pain. Physical examination revealed weakness and numbness on the left at L5 and S1, antalgic gait, lumbar tenderness, and restricted range of motion. Treatment recommendations included continuation of current medications, physical therapy twice per week for 4 weeks, and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to present with high levels of pain. There are no changes to the patient's physical examination that would indicate functional improvement. Therefore, ongoing use of this medication cannot be determined as medically appropriate. As such, the request for Norco 10/325MG #90 is non-certified.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy and should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. The latest physical examination does not indicate palpable muscle spasm or muscle tightness that would warrant the need for a muscle relaxant. Furthermore, satisfactory response to treatment has not been indicated. Long-term use would not be supported. As such, the request for Fexmid 7.5mg #90 is non-certified.

Ultram 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to present with high levels of pain. There are no changes to the patient's physical examination that would indicate functional improvement. Therefore, ongoing use of this medication cannot be determined as medically appropriate. As such, the request for Ultram 150MG #60 is non-certified.

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the clinical notes submitted, the patient has continuously utilized this medication. Long-term use of this medication is not supported by the Official Disability Guidelines. Satisfactory response to treatment has not been indicated. As such, the request for Ambien 10mg #30 is non-certified.

Physical Therapy 8 sessions (2x4) for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state 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. Guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient has previously participated in a course of physical therapy. The patient was discharged from postoperative physical therapy on 06/04/2013 due to the lack of progress. Documentation of treatment efficacy with the previous course of physical therapy was not provided. Therefore, additional physical therapy would not be indicated. As such, the request for Physical Therapy 8 sessions (2x4) for Lumbar Spine is non-certified.