

Case Number:	CM13-0031558		
Date Assigned:	12/04/2013	Date of Injury:	01/04/2008
Decision Date:	01/27/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 Cardiology, has a Fellowship trained in Cardiovascular Disease and is licensed to practice in 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 33 year old male who reported an injury on 01/04/2008. The mechanism of injury information was not provided in the medical record. The patient diagnoses included lumbar post laminectomy syndrome, and lumbar radiculopathy. Clinical note date 09/13/2013 reported the patient continued to complain for low back pain 10/10 without medications and 5/10 with medications. Upon physical examination, there was noted tenderness to the paravertebral area L4-S1 levels. There was moderate limitation to range of motion secondary to pain, and pain was significantly increased with flexion and extension. There was review of unofficial MRIs done on 02/02/2011 and 03/22/2013. When the MRIs were compared, there has been mild progression of the degenerative changes at L3-4 and L4-5 with slightly worse foraminal stenosis bilaterally. There was no evidence of recurrent disc herniation. The patient received trigger point injections on 09/13/2013. Trigger points in one muscle group and 2 injection points were treated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg, #150 between 9/13/2013 and 11/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS state that opioids appear to be effective in the treatment of chronic back pain, but limited for short term pain relief. The guidelines advise the on-going use of Norco relies on demonstration of functional improvement by the patient. Satisfactory response to opioid management is demonstration of decreased pain, increased function, and over increased quality of life. There is no clinical documentation to support either of mentioned criteria for ongoing opioid use for pain management. On the last documented clinical visit 09/13/2013, the patient complained that his pain was worse than the previous appointment. Therefore, efficacy of the medication has not been documented. As such, the request for 150 Norco 10-325mg ([REDACTED] - [REDACTED]) between 9/13/13 and 11/3/13 is non-certified.

Tizanidine HCL 4mg, #90 between 9/13/2013 and 11/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 and 67.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines state that muscle relaxants are recommended as a second line option for short term treatment of exacerbations in patients with chronic lower back pain. California MTUS also states they show no benefit beyond NSAIDs in pain and overall improvement in most low back cases. The clinical information submitted indicates the patient has been taking the requested medication since 2012, which is longer than short term use. There is insufficient information provided in the medical record discussing any pain relief, and or functional increase from taking the requested medication. As such the request for Tizanidine Hcl 4mg ([REDACTED] [REDACTED]) between 9/13/13 and 11/3/13 is non-certified.

Gabapentin 600mg, #30 between 9/13/2013 and 11/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS states there should be a recommended trial for 3 to 8 weeks at maximum tolerated dosage. There should be documentation of any changes n level of pain and function. The information provided in the medical records show that the patient has been taking Gabapentin since 2012 at least, and there is no clinical documentation of any decrease in pain, and/or increase in the patient functional level for that time. The clinical note 09/13/2013 reported the patient stated increased pain since his

previous visit. As such, the request for 30 Gabapentin 600mg () between 09/13/2013 and 11/03/2013 is non-certified.

One trigger point injection between 9/13/2013 and 11/3/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS guidelines state trigger point injections are not recommended for radicular pain. There should also be no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement. The patient has a clear diagnosis of lumbar radiculopathy, and has had multiple trigger point injections previously without any documentation of decrease in pain or increased functional levels. As such the request for 1 Trigger point injection between 09/13/2013 and 11/03/2013, is non-certified.