

Case Number:	CM13-0034438		
Date Assigned:	12/06/2013	Date of Injury:	08/28/1994
Decision Date:	09/12/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 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 patient is a 62-year-old female who reported injury on 08/28/1994. The mechanism of injury was stated to be a motor vehicle accident. The patient was noted to be taking Norco, Soma, and a Biotherm topical cream. The patient was noted to have multiple muscular spasms of the cervical and lumbar spine secondary to multilevel disc protrusions and the medication to be requested was noted to be Robaxin. The patient's diagnoses were noted to include history of fibromyalgia, diffuse musculoskeletal complaints, cervical spine degenerative disc disease, status post multiple surgeries, lumbosacral degenerative disc disease status post surgery, right knee meniscal tear status post arthroscopy, bilateral knee chondromalacia, and severely worsening of cervical and lumbar spine pain. The request was made for a consultation and treatment with spine surgeon for the cervical and lumbar spine, Supartz injections, Norco 10/325, and Robaxin per clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with spine surgeon for the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179-180, 305-306.

Decision rationale: ACOEM Guidelines recommend a referral to a surgeon when a patient has persistent and severe disabling shoulder and arm symptoms, clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion has been shown to benefit from surgical repair in both the long and short term and unresolved symptoms of the upper back. Regarding the lower back, ACOEM Guidelines recommend a consultation when the patient has severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies including radiculopathy, and accompanied by objective signs of neural compromise. Additionally, the patient should have activity limitations due to radiating pain for more than 1 month or extreme progression of lower leg symptoms. The clinical documentation submitted for review indicated the patient had a Spurling's test that was positive on the left side, strength was 4/5 on the left side in the C5 nerve root. The patient was noted to have a positive shoulder depression test of the cervical spine. While it was noted the patient had positive objective physiologic findings on examination, there was a lack of MRI or imaging studies to support the necessity for a referral. Additionally, there was a lack of documentation indicating the patient had a necessity for consultation and treatment with a spine surgeon. Given the above, the request for consultation and treatment with spine surgeon for the cervical and lumbar spine is not medically necessary.

Series of Supartz injections to the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Hyaluronic Acid Injections.

Decision rationale: Official Disability Guidelines recommend hyaluronic injections for patients who have severe documented osteoarthritis who have not responded adequately to recommended conservative treatments and to delay potential knee replacements. There should be documentation of symptomatic severe osteoarthritis including the following: bony enlargement, or bony tenderness or crepitus, or less than 30 minutes of morning stiffness, no palpable warmth of synovium, a patient over the age of 50 years of age, and an indication that pain interferes with functional activities, and there is a failure to adequately respond to aspiration and injection of intra-articular steroids. The clinical documentation indicated the patient had severe bilateral knee pain secondary to severe osteoarthrosis, was over 50, and the patient was noted to undergo previous arthroscopic partial meniscectomies and presented with posttraumatic osteoarthritis. Clinical documentation submitted for review failed to provide documentation of the patient's prior conservative care, documentation of the patient's functional limitations and documentation that the patient had failed an injection of intra-articular steroids. There was lack of indication as per the submitted request how many injections were being requested. Given the above, the request for a series of Supartz injections to bilateral knees is not medically necessary.

Norco 10/325MG, 1-2 q6hours, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It was indicated that the patient would continue with Norco for moderate to severe pains. The clinical documentation submitted for review failed to provide documentation of the 4A's. However, given the lack of documentation, the request for Norco 10/325mg; 1-2 every 6hrs #120 is not medically necessary.

Robaxin 750mg, q6-8hrs, #120: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient had been on this medication greater than 2 months. There was a lack of documentation of objective functional improvement and there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Therefore, continued use of this medication would not be supported. Given the above, the request for Robaxin 750mg; one q6-8hrs #120 is not medically necessary.