

Case Number:	CM13-0038349		
Date Assigned:	03/21/2014	Date of Injury:	04/02/1998
Decision Date:	05/23/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/25/2013

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 and is licensed to practice in Pennsylvania. 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 claimant, a 50-year-old gentleman, injured his low back on 04/02/98. The records provided for review included a report dated 09/11/13 indicating complaints of low back pain with radiating right greater than left lower extremity pain and right knee pain. Physical examination demonstrated tenderness of the lumbar spine with restricted range of motion and spasm. There was no documentation of neurologic findings of the lower extremities. Clinical imaging for review includes a report of an MRI of the lumbar spine dated August 2012 showing anterolisthesis of L5 relative to S1 with bilateral pars defects and significant foraminal stenosis, right greater than left, at the L5-S1 level. There were also degenerative changes and disc desiccation at L3-4 and L4-5. A follow up report on October 29, 2013 showed objective findings of diminished sensation in an L5 and S1 dermatomal distribution with positive right sided straight leg raising and use of a cane. The report noted a recent intramuscular injection provided symptomatic relief. Medications of Hydrocodone, Robaxin and Xanax were continued and the recommendation was made for a repeat 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:

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: The Expert Reviewer's decision rationale: California ACOEM Guidelines do not support the request for a repeat MRI of the lumbar spine. This individual continues to have symptoms consistent with the L5-S1 level and the prior MRI findings of 2012 identified significant stenotic findings at that level. Based on a lack of documentation of a significant change in the claimant's physical examination or clinical presentation of new examination findings, repeat MR imaging in this case would not be supported. The MRI of the lumbar spine is not medically necessary.

PRESCRIPTION OF HYDROCODONE/ APAP 7.5/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (HYDROCODONE)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Chronic Pain Guidelines do not recommend the continued use of Hydrocodone. In the records provided for review there is a utilization review of October 2013 where a weaning dose of this medication was prescribed for its ultimate discontinuation secondary to no significant documentation of benefit or improvement in the use of hydrocodone. At present there would be no indication for continued use of Hydrocodone as appropriate weaning dose of medication has already been prescribed for this individual. The documentation does not indicate that the claimant responded with significant advancement of function following the use of hydrocodone. The request for Hydrocodone/APAP 7.5/325 mg, #60 is not medically necessary.

PRESCRIPTION OF ROBAXIN 750MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65, 63.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Chronic Pain Guidelines do not support the prescription for Robaxin. The medical records also state that an appropriate weaning dose of this muscle relaxant had also been prescribed for the purpose of discontinuation. According to the Chronic Pain Guidelines, muscle relaxants including Robaxin, should be used only as a second line option for short term symptomatic relief of acute exacerbations of musculoskeletal injury. The medical records do not indicate that the claimant is experiencing an acute exacerbation of symptoms or identify the first line agents used. Therefore, the continued role of Robaxin, for which an appropriate weaning dose has already been prescribed, would not be recommended as medically necessary.

PRESCRIPTION OF XANAX 0.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Chronic Pain Guidelines do not recommend the chronic use of benzodiazepine. According to the Chronic Pain Guidelines, the use of benzodiazepine should be limited to four weeks. The documentation for review does not support continued use for this individual who is now in the chronic stage of treatment for his pain. Specific request for continued use of Xanax would not be indicated and is not medically necessary.