

Case Number:	CM13-0039020		
Date Assigned:	12/18/2013	Date of Injury:	10/31/2003
Decision Date:	02/12/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 & Rehabilitation, 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 50-year-old male who reported an injury on 10/31/2003. The patient is currently diagnosed with low back pain and neck pain. The patient was seen by [REDACTED] on 09/18/2013. The patient reported 7/10 lower back pain. Physical examination revealed tenderness to palpation over bilateral lumbar paraspinal muscles, limited lumbar range of motion, 5/5 strength in the bilateral lower extremities, and intact sensation. The patient also demonstrated positive straight leg raise and positive axial rotation on the right. Physical examination of the cervical spine revealed decreased range of motion, tenderness to palpation, 5/5 motor strength, and light touch sensation deficit over the ulnar nerve distribution on the right. Treatment recommendations included continuation of current medication, a cervical epidural steroid injection, facet joint injection at L4-5 and L5-S1, as well as laboratory orders for a hepatic function panel and renal function panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

One renal function panel (Albumin, Ca, CO2, creatinine, Glu, PO4, K, Na, BUN): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of Nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen. There has been a recommendation to measure liver transaminases within four to eight weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There are no recommendations for specific frequency in performing laboratory evaluation for chronic Nonsteroidal anti-inflammatory drugs (NSAID) use and repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The patient exhibits no symptoms to suggest abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations. Based on the clinical information received, the request is non-certified.

One hepatic function panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of Nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen. There has been a recommendation to measure liver transaminases within four to eight weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There are no recommendations for specific frequency in performing laboratory evaluation for chronic Nonsteroidal anti-inflammatory drugs (NSAID) use and repeat testing is based on patient risk factors and related symptoms suggesting a problem related to kidney or liver function. The patient exhibits no symptoms to suggest abnormality due to medication use; therefore, it would not be necessary to perform laboratory evaluations. Based on the clinical information received, the request is non-certified.

One prescription of Tramadol 50mg #90 with 3 refills: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (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 continued to report high levels of pain. There was no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

One prescription of Celebrex 200mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California Medical treatment utilization Schedule (MTUS) Guidelines state NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There appears to be no difference between traditional Nonsteroidal anti-inflammatory drugs (NSAIDs) and COX-2 NSAIDs. Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis, rheumatoid arthritis, or ankylosing spondylitis. The patient's current diagnoses include neck and low back pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Based on the clinical information received, the request is non-certified.

One prescription of Cyclobenzaprine HCl 5mg #60 with 3 refills: Upheld

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

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

Decision rationale: California Medical treatment utilization Schedule (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. Cyclobenzaprine should not be used for longer than two to three weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. There is no documentation of palpable muscle spasm, spasticity, or muscle tension upon physical examination. Despite ongoing use, the patient continues to report high levels of pain. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

One right L4-5 and right L5-S1 lumbar facet joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: California Medical treatment utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. As per the latest physical examination, the patient demonstrated only decreased range of motion with tenderness to palpation. There is no documentation of facet-mediated pain upon physical examination. There are no imaging studies provided for review to corroborate a diagnosis of facet abnormality. There was also no evidence of a failure to respond to recent conservative treatment for at least four to six weeks including home exercise, physical therapy, and NSAIDs. Based on the clinical information received, the request is non-certified.

One right C4-5 cervical epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California Medical treatment utilization Schedule (MTUS) Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted, the latest physical examination of the cervical spine only revealed limited range of motion with slightly diminished sensation in the ulnar nerve distribution on the right. The patient demonstrated negative Spurling's and compression maneuvers and 5/5 strength in the bilateral upper extremities. There is no documentation of radiculopathy upon physical examination. There were also no imaging studies provided for review to corroborate a diagnosis of radiculopathy. There is no documentation of failure to respond to recent conservative treatment including exercises and physical methods. Based on the clinical information received, the request is non-certified.