

Case Number:	CM13-0040086		
Date Assigned:	12/20/2013	Date of Injury:	07/17/2006
Decision Date:	02/27/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopaedic Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 53-year-old male with a date of injury of July 17, 2006. The patient has chronic low back pain and depression. Diagnoses include lumbosacral pain, status post laminectomy at 3 levels. Physical examination in August 2013 indicates that the patient has chronic low back pain with radiation to the left lower extremity and there is spasm in the left leg with numbness and tingling. Patient has tenderness to the low back. He has reduced range of lumbar motion. Lumbar spine MRI from June 2013 reveals L2-3 facet arthropathy and mild disc bulge, L3-4 degenerative disc condition with 3 mm disc bulge, L4-5 disc space narrowing with mild anterolisthesis of L4 and L5. L5-S1 has mild loss of disc height. X-rays of the lumbar spine from July 2013 via previous laminectomy at L4-5 and L5-S1 reveal degenerative disc condition at L3-4, L4-5, and L5-S1. There is anterolisthesis at L4-5. The EMG from April 2013 revealed left greater than right S1 radiculopathy. Patient had physical therapy and epidural injections. The patient has not had documented physical therapy in the past 2 years. Patient continues to have chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgeon Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: Guidelines indicate referral for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. These symptoms should be present for more than one month or extremely progressive. In this case, there is no clear correlation between the patient's physical examination and imaging studies. The patient has not had a recent failure of conservative treatment. In fact, the patient has had no evidence of documented physical therapy in the past 2 years. The patient does not have any red flag indications, including progressive neurologic deficit, fracture, or concern for tumor, necessitating emergent consultation. Guidelines for a spine surgeon evaluation are not met. This patient has had previous spine surgery with evaluation and treatment by a spinal surgeon. The medical records indicate that the patient's symptomatology has not progressed. The patient suffers from chronic back and leg pain. Additional conservative measures to include physical therapy are more appropriate at this time. Referral to a spinal surgeon at this time is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Current treatment guidelines support the use of the lowest dose of Norco with the shortest period of time. It is supported as a second line analgesic following an inadequate symptom relief or restoration of function with first-line analgesics. The situation for long-term opioid use as described, include ongoing review and documentation of the patient's response to medication including pain relief, functional status, and appropriate medication usage. Assessment for any side effects should be included. Ongoing use is supported when the patient reports decreased pain and shows increased level of function and improved quality of life. The medical records in this case do not indicate that the patient has demonstrated decreased pain and increased functional improvement in quality life with the use of Norco. The patient has had pain scales remaining in the 8, 9, and 10 regions, and has decreased functional capabilities documented in the chart despite the use of Norco. Therefore, additional long-term usage of Norco is not warranted. Guidelines are not met.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Current guidelines recommend Flexeril use as an option using a short course of therapy. Defect is modest with the greatest effect usually within the first 4 days. Specifically,

this medication is not recommended for use longer than 3 weeks. Flexeril is not medically necessary in this case. Current treatment guidelines do not recommend usage for more than 3 weeks. This patient has been prescribed Flexeril for a longer duration than that. Additionally, there is no current documentation of functional benefit with use of Flexeril in this case.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Current guidelines recommend Flexeril use as an option using a short course of therapy. Defect is modest with the greatest effect usually within the first 4 days. Specifically, this medication is not recommended for use longer than 3 weeks. Flexeril is not medically necessary in this case. Current treatment guidelines do not recommend usage for more than 3 weeks. This patient has been prescribed Flexeril for a longer duration than that. Additionally, there is no current documentation of functional benefit with use of Flexeril in this case.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines indicate that Prilosec is recommended for patients at risk for a gastrointestinal (GI) event. Specific risk factors include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, current use of aspirin, corticosteroids, and/or anticoagulant or high-dose NSAID medicine. In this case, there is a lack of specific findings consistent with increased risk of adverse GI effects. The medical records do not include any evidence of a peptic ulcer condition, GI disorders, or any risks factors for an adverse GI event. The patient is not at high-risk for development of GI disorders as outlined in the guideline criteria for use of Prilosec. Therefore, Prilosec is not medically appropriate and not supported by current guidelines.