

Case Number:	CM13-0042079		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2013
Decision Date:	04/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 56-year-old male; date of injury is 07/17/2013. Per provider's report 10/02/2013, the patient's presenting symptoms are low back, right knee, and ankle pain with a listed diagnoses of lumbar musculoligamentous sprain/strain, disk protrusion with severe spondylosis at L4-S1, right knee pain and right ankle sprain with possible partial tear of anterior talofibular ligament per MRI scan. The patient was provided with Norco 2.5/325 to be taken 2 times per day #60, and Fexmid 7.5 mg #60, request was also for OrthoStim4 unit for pain management and also pain management consultation with [REDACTED] to consider lumbar epidural steroid injection due to the patient's symptoms. A different report by another physician, [REDACTED], 09/30/2013 notes that the patient was treated at [REDACTED], has had medications, lumbosacral corset, chiropractic care without improvement. The patient then had MRI of the lumbar spine and has been referred for orthopedic evaluation. The MRI was reviewed on this visit. MRI was from 08/23/2013 that showed severe spondylosis at L4-L5-S1 Final Determination Letter for IMR Case Number CM13-0042079 3 with spinal stenosis, foraminal narrowing, nerve root impingement, along with grade 1 spondylolisthesis at L4-L5. The patient was prescribed Tramadol and also referred to a spine surgeon, given warning about the habit potential for tramadol. Another report by a different physician [REDACTED] 09/11/2013 has a list of medications that include Metformin, Lotensin, Onglyza, Polar Frost, Skelaxin, Tramadol with acetaminophen, Lidoderm 5% patches. The report from 08/28/2013 has Tramadol with Cyclobenzaprine among other medications. No discussion regarding medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOSTIM4 UNIT AND SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation (NMES DEVICES) Page(s): 121.

Decision rationale: This patient presents with chronic low back and leg pain. The treating physician has requested for OrthoStim4 device which contains neuromuscular electrical stimulation device. The California MTUS Guidelines do not support NMES for chronic pain. The MTUS Guidelines first recommends trying TENS unit, and if it fails, variety of other electrical units are supported including H-wave, interferential units. However, neuromuscular electrical stimulation devices are not recommended, and this unit is in reserve for management of stroke patients. The recommendation is for denial.

PAIN MANAGEMENT CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), , 127

Decision rationale: This patient presents with chronic pain, and the request is for pain management consultation to possibly consider epidural steroid injection. Given the patient's persistent low back pain with radiating symptoms to lower extremity, MRI demonstrating severe spondylosis with central and foraminal stenosis as well as grade 1 spondylolisthesis at L4-L5, request for pain management consultation to possibly consider epidural steroid injection is reasonable. ACOEM Guidelines page 127 does support referral to a specialist for managing complex cases. The recommendation is for authorization.

NORCO 2.5/325 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid Use Page(s): 88-89. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LONG-TERM OPIOID USE, 88-89

Decision rationale: This patient presents with chronic persistent pain in his low back, knee, and ankle. The treating physician has asked for trial of Norco 2.5/325 #60. Review of the reports shows that this patient has been tried namely on Tramadol and Ultracet. Review of the reports from 07/17/2013 through 10/02/2013 does not show that this patient has tried Norco or opiates other than tramadol. The California MTUS Guidelines do support trial of opiates for patients suffering from chronic low back and musculoskeletal pains of the ankle and knees. For ongoing use of medications, medication efficacy including pain assessment and functional improvement must be documented. However, since the treating physician is asking for trial of Norco with his initial evaluation 10/02/2013, recommendation is for authorization.

FEXMID 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 Muscle Relaxants Page(s): 64.

Decision rationale: This patient presents with chronic low back and knee pains. The treating physician has prescribed Fexmid which is a cyclobenzaprine. The California MTUS Guidelines do not support use of sedating muscle relaxants on a long-term basis. Specifically, Cyclobenzaprine is recommended for short term only. In this case, the prescription is for #60 twice a day which implies a 1-month supply. The treating physician does not state that this is to be used for short term only. The California MTUS Guidelines states that this medication is most effective up to 4 days and should not be used for more than 2 or 3 weeks. The recommendation is for denial.