

Case Number:	CM13-0043037		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2011
Decision Date:	04/14/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 Internal Medicine, and is licensed to practice in California and Illinois. 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 50 year old female who was injured on 01/14/2011 due to a slip and fall. She is currently diagnosed with myalgia and myositis, post-trauma headache, morbid obesity, post-concussion syndrome, failed back syndrome (lumbar), chronic pain, and thoracic or lumbosacral radiculopathy. Prior treatment history has included ESI, facet injections or MBNB of which she had not had adequate response to. A total of four sites were injected with the following medications administered: Lidocaine 1.5% with 1:200,000 epinephrine 0.5 ml, Marcaine 0.25% with epinephrine 6.0 ml, methylprednisone 40mg/ml suspension, and the total dose of steroid was 80 mg. Pre-procedure pain score was 8/10 and post-procedure pain score was 5/10. Diagnostic studies reviewed include Lumbar MRI dated 01/27/2012 which showed multilevel herniations. A urine drug study was performed 09/27/2013 and 10/07/2013. Periodic report dated 11/08/2013 documented the patient to have complaints of back pain with severity level being severe. The problem is worsening. The location of the pain was middle back, lower back, neck and legs. Pain has radiated to the left ankle, left calf, left foot and left thigh. The patient denies relieving factors. Medications active prior to today's visit: morphine sulfate 60 mg 1 tablet po every 12 hours, Cymbalta 60 mg one capsule po bid, hydrocodone/acetaminophen 10/325 mg one pot id prn extra pain. Objective findings on exam included examination of the cervical spine with maximum tenderness on palpation of the right shoulder, left shoulder, facet, pericervical, periscapular and trapezius region. Examination of the lumbar spine revealed an antalgic gait and uses a cane. The posture was normal. Muscle tone of the lower extremity was normal. There was moderate lumbar spasm. There was tenderness in the spinous and paraspinal muscles. Motion is with pain. Motor tests on the right with straight leg raise was with back pain only and on the left pain that radiates to the left. There was limited active range of motion with limiting factors of pain. Neurovascular examination of the bilateral extremities revealed strength is normal. Right

hip strength is decreased. Left hip strength is limited. The patient is morbidly obese. Pain score with medications 8/10 and without medications 10/10. This is unchanged from visits 10/07/2013 and 08/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SERUM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ONLINE NOBI.NLM.NIH.GOV

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80.

Decision rationale: According to the 11/08/2013 following evaluation, the patient continues to report pain score level of 8/10 with medication and 10/10 without, she denies relieving factors. These reported claims are unchanged from prior assessments of 10/07/2013 and 08/13/2013. Return to work or improved functioning and pain has not been demonstrated. Medical records demonstrate morphine has not been successful in adequately addressing the patients reported pain levels. The medical records do not provide a rational for medication in a serum liquid form, inability to tolerate standard tablet form is not established. Consequently, the medical necessity of continuing opioid medication as a means of pain management, is unsubstantiated.

FLEXERIL SERUM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ONLINE NOBI.NLM.NIH.GOV

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL), MUSCLE RELAXANTS (FOR PAIN) Page(s): 41,63.

Decision rationale: The medical records do not provide a rational for medication in a serum liquid form, inability to tolerate standard tablet form is not established. Regardless, the medical records do not demonstrate clinical findings that establish Flexeril is indicated for this patient. The medical records do not document any spasms on examination or evidence of exacerbation in the patient's complaints. The guidelines state that in most LBP cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore, the medical necessity of Flexeril serum has not been established.

CHEMISTRY 19: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ONLINE NOBI.NLM.NIH.GOV

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS

Decision rationale: According to the guidelines, package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. The medical records document urine drug studies were performed 09/27/2013 and 10/07/2013, however the results of these studies are not documented. The medical records do not establish the patient's medication regimen has included maintaining an NSAID therapy. In the absence of any current clinically relevant abnormal findings or complaints as to indicate a medical necessity, the requested lab study is not indicated. Therefore, the medical necessity CHEMISTRY 19 has not been established.

COMPLETE BLOOD COUNT WITH DIFFERENTIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ONLINE NOBI.NLM.NIH.GOV

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70. Decision based on Non-MTUS Citation AND LABTESTSONLINE.ORG/UNDERSTANDING/ANALYTES/CBC/TAB/TEST

Decision rationale: As stated, the medical records do not document the results of the urine drug studies performed 09/27/2013 and 10/07/2013. According to the references, complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status; it is a useful screening tool for a wide range of conditions and diseases. The medical records do not indicate a protracted NSAID regimen. In the absence of any current clinically relevant abnormal findings or complaints as to indicate a medical necessity, the requested lab study is not indicated.