MAXIMUS Federal Services

Case Number:	CM13-0053732		
Date Assigned:	12/30/2013	Date of Injury:	06/29/2003
Decision Date:	04/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 29, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; a PENS stimulator; electrodiagnostic testing of October 16, 2013, notable for a mild S1 lumbar radiculopathy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 14, 2014, the claims administrator approved a request for Dulcolax while partially certifying Norco, Flexeril, and oxycodone for weaning purposes. Cipro was denied. The applicant's attorney subsequently appealed. A clinical progress note of October 18, 2013 is notable for comments that the applicant reports heightened low back pain with associated numbness and weakness while walking. The applicant denies bowel or bladder dysfunction. The applicant has diminished lower extremity strength score at 4+/5. Positive straight leg raising was appreciated with diminished range of motion noted. The applicant was given refills of medications which, the attending stated were reportedly effective. A CT scan of lumbar spine was sought. The applicant's work status was not detailed. An earlier note of September 6, 2013 is notable for comments that the applicant apparently has not worked since June 2003. The applicant was described as having increasing frequency of leg weakness and falling. The applicant was asked to employ a cane, it is further noted. The applicant underwent revision of a spinal cord stimulator site on August 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #180: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, it does not appear that the applicant meets any of the aforementioned criteria. The applicant is seemingly reporting heightened pain, despite ongoing opioid usage. The applicant has seemingly failed to return to work. There is no evidence of improved function in terms of performance of non-work activities of daily living. The applicant is seemingly using a cane and is having difficulty moving about, it is further noted. All of the above, taken together, imply that ongoing Norco usage has not been beneficial. Accordingly, the request is not certified, on Independent Medical Review.

FLEXERIL 10 MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on pages 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine or Flexeril is "not recommended" when added to other agents. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.

CIPRO 500 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov\Chiprofloxaxin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Drug Reference (PDR), Ciprofloxacin

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Drug Reference (PDR), Cipro is indicated in the treatment of urinary tract infections, cystitis, bacterial prostatitis, sinusitis, bone and joint infections, intraabdominal infections, etc. In this case, however, there is no evidence of any infectious disease process such as cystitis, urinary tract

infection, prostatitis, etc. for which Cipro would be indicated. No rationale for usage of Cipro was provided in the documentation submitted for review. Therefore, the request is not certified, on Independent Medical Review.

OXYCODINE 8 MG #190: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, as with the other opioid agents, the applicant has failed to meet these criteria. The applicant has seemingly failed to return to work. The applicant's ability to perform activities of daily living is seemingly diminished. The applicant is reporting heightened pain as with the office visits referenced above. All of the above, taken together, imply that ongoing opioid therapy has not been effectual. Therefore, the request is not certified, on Independent Medical Review.