

Case Number:	CM13-0054911		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2002
Decision Date:	03/28/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/20/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 07/13/2002 after he adjusted a pallet that reportedly caused injury to his left fifth finger. The patient ultimately developed low back pain. The patient's treatment history included physical therapy, medications, and a TENS unit. The patient underwent an MRI in 04/2012 that documented the patient had evidence of a lumbar fusion from the L3-4 and L4-5, with increasing degenerative disease at the L2-3. The patient's medications included Butrans, Norco, and tizanidine. The patient's most recent clinical documentation noted that the patient had 10/10 pain without medications and 7/10 with medications, with no evidence of neurological changes or symptoms. Physical findings included 5/5 strength of the bilateral lower extremities with intact sensation and tenderness to palpation over the lumbar paraspinal musculature and pain with range of motion. It was noted that the patient did have a positive straight leg raising test with pain radiating into the buttocks. The patient's diagnoses included low back pain, lumbar postlaminectomy syndrome, muscle pain, chronic pain syndrome, and lumbar degenerative disc disease. The patient's treatment plan included continuation of a home exercise program, a TENS unit, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI L/S with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: The requested MRI of the lumbosacral spine with contrast is not medically necessary or appropriate. Official Disability Guidelines do not recommend repeat imaging studies unless there is documentation of progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation submitted for review does not provide any evidence that the patient has progressive neurological deficits. Additionally, there is no documentation that the patient has had a significant change in pathology. Therefore, the need for an additional MRI is not supported. As such, the requested MRI of the lumbosacral spine with contrast is not medically necessary or appropriate.

Codeine 400 mg #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy and On-Going Management Page(s): 77-78.

Decision rationale: The requested codeine 400 mg #60 with 3 refills is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends initiation of medications such as opioids are supported by failure to respond to first-line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has previously been prescribed this medication. Additionally, the submitted documentation indicates that the patient's pain is well-controlled with the patient's Norco 10/325 mg. Therefore, the need for a medication change is not clearly established. Additionally, it is noted within the documentation that the patient is monitored for compliance through urine drug screens. Therefore, the need for this medication and its appropriateness cannot be determined. As such, the requested codeine 400 mg #60 with 3 refills is not medically necessary or appropriate.

Tizanidine 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: The requested tizanidine 4 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend extended use of muscle relaxants in the management of chronic pain. The clinical documentation does indicate that the patient has been on this medication for an extended duration of time. Therefore,

continued use would not be supported. As such, the requested tizanidine 4 mg #60 is not medically necessary or appropriate.

Butrans patch 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

Decision rationale: The requested Butrans patch 20 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend the use of this medication for patients who have a history of opioid addiction and still experience moderate to severe chronic pain. The clinical documentation submitted for review does not provide any evidence that the patient has a history of opioid addiction. The patient is regularly monitored for compliance with a urine drug screen. It was noted within the documentation that the patient does not exhibit any aberrant or drug-seeking behaviors. Therefore, the need for this medication is not clearly established. As such, the requested Butrans patch 20 mg is not medically necessary or appropriate.

Tramadol 50 mg #300 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy and On-Going Management Page(s): 77-78.

Decision rationale: The Physician Reviewer's decision rationale: The requested tramadol 50 mg #300 x2 refills are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is taking Norco 10/325 mg. It is documented that the patient's pain is well-controlled with this medication and that the patient's current medication schedule allows the patient to continue working. Therefore, the need for an additional medication is not clearly established. The clinical documentation submitted for review does not provide any evidence that the patient has previously taken this medication or provides any evidence that there was any efficacy from prior usage. Therefore, the need for this medication is not clearly established. As such, the requested tramadol 50 mg #300 x2 refills are not medically necessary or appropriate.