MAXIMUS Federal Services

Case Number:	CM13-0058646		
Date Assigned:	12/30/2013	Date of Injury:	03/25/2010
Decision Date:	05/06/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 Orhtopedic Surgery has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in California and Texas. 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 injured worker is a 50-year-old male who reported an injury on 03/25/2010. The injured worker was reportedly pulling a heavy pallet when he experienced a burning sensation in his lower back. Current diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, lumbago, thoracic or lumbosacral neuritis or radiculitis, spasm, and unspecified myalgia and myositis. The injured worker was evaluated on 11/12/2013. The injured worker reported 5/10 pain. Current medications include baclofen, Celebrex, Flector patch, and Nucynta. Physical examination revealed ongoing lower back pain, right greater than left anterior leg pain, difficulty standing from a seated position, and limited active range of motion. Treatment recommendations included continuation of current medications as well as recommendations for a mild procedure at L4-5. It is noted the injured worker underwent an MRI of the lumbar spine on 08/09/2013, which indicated normal intervertebral disc height and signal at L4-5 with a 3 mm broad based disc protrusion, mild central canal stenosis, negative neural foraminal stenosis, and mild hypertrophic changes in the facet joints bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MILD PROCEDURE (MINIMALLY INVASIVE LUMBAR DECOMPRESSION) L4-5.:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low BackChapter, Percutaneous Diskectomy (PCD).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. As per the documentation submitted, the injured worker's physical examination only revealed lower back pain with anterior leg pain, difficulty rising from a sitting position, and limited active range of motion. There was no documentation of neurological deficit. There is no mention of an exhaustion of conservative treatment. The Official Disability Guidelines state decompression may be a surgical procedure that is performed to alleviate pain caused by pinched nerves. There are 2 types of spine surgery decompression including microdiscectomy or discectomy/laminectomy. The specific type of procedure was not stated in the request. Based on the clinical information received, the request for Mild Procedure (Minimally Invasive Lumbar Decompression) L4-5 is non-certified.

BACLOFEN 20MG #90.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As per the documentation submitted, the injured worker has utilized baclofen since at least 07/2013. Despite ongoing use, the injured worker continues to report persistent symptoms. There is no documentation of objective functional improvement. There was no frequency listed in the current request. As Guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. As such, the request for Baclofen 20mg #90 is non-certified.

FLECTOR PATCH #30.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac (Flector Patch)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip, or shoulder. Therefore, the current request cannot be determined as medically appropriate. Additionally noted, the injured worker has utilized Flector patch since at least 07/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. Based on the clinical information received, the request for Flector Patch #30 is non certified.

CONSIDER LAO (LONG ACTING OPIOID): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: This is a non-specific request that does not include the type of medication, dosage, frequency, or quantity. Therefore, the request is not medically appropriate. As such, the request for Consider LAO (Long Acting Opioid) is non-certified.