

Case Number:	CM13-0061142		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2004
Decision Date:	05/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 48-year-old male with a date of injury of 08/14/2004. The listed diagnosis per [REDACTED] is status post left L5-S1 micro discectomy and laminectomy dated 08/26/2013. According to report dated 11/05/2013 by [REDACTED], the patient complains of low back pain rated at 8-9/10 with radiation to the bilateral lower extremities. The patient also notes spasms with radiation to bilateral lower extremities. His current medication includes Norco, Ultracet, Soma and Medrox patches. Examination of the lumbar spine revealed incision is well-healed. There is decreased swelling around the incision site. Straight leg raise test is positive on the left. There is weakness in the left extensor hallucis longus, peroneus longus, and gastrocnemius muscle groups. X-ray of the lumbar spine with 2 views was taken this date, revealing severe disk height collapse at L5 S1. Treater is requesting refill of medication, MRI of the lumbar spine, and 24 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 ULTRACET 37.5/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

Decision rationale: This patient is status post left L5-S1 micro discectomy and laminectomy on 08/26/2013. The treater is initiating the start of Ultracet. The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the treater does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. In addition, the patient is already on Norco and the treater does not discuss how Norco is or is not working, making it unclear as to why another opioid is being initiated at this time. The requested Tramadol is not medically necessary and recommendation is for denial.

30 MEDROX PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient is status post left L5-S1 micro discectomy and laminectomy on 08/26/2013. The treater is requesting a refill of Medrox patches. The MTUS, ACOEM, and ODG Guidelines do not discuss Medrox patches specifically. The MTUS Guidelines does discuss topical agents on page 111 which states "it is largely experimental in which few randomized control trials to determine efficacy or safety, any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In addition, Medrox is a compound topical analgesic including methyl salicylate 20%, menthol 7% and capsaicin 0.050%. The MTUS allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS considers doses that are higher than 0.025% to be experimental particularly in high dosages of capsaicin. Medrox contains 0.050% of capsaicin which is not supported by MTUS Guidelines. Furthermore, salicylate, or NSAID topical is only indicated for peripheral joint arthritis/tendinitis, which this patient does not have. Therefore, the entire compound is not recommended.

AN X-RAY OF THE LUMBAR SPINE WITH 2 VIEWS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient is status post left L5-S1 micro discectomy and laminectomy on 08/26/2013. The treater is requesting an MRI of the lumbar spine. For special diagnostics,

ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, medical records indicate the patient has not had an MRI after the micro discectomy and laminectomy on 08/26/2013. Given the positive neurological findings on examination and continued severe pain that radiates into the lower extremities, an MRI at this juncture is warranted. Recommendation is for approval.

60 SOMA 350MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 25-26.

Decision rationale: This patient is status post left L5-S1 micro discectomy and laminectomy on 08/26/2013. The treater is requesting Soma 350mg #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The treater is requesting #60 Soma and muscle relaxants are recommended for short-term use only. Recommendation is for denial.

30 NORCO 10/325MG: Upheld

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

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

Decision rationale: This patient is status post left L5-S1 micro discectomy and laminectomy on 08/26/2013. The treater is requesting a refill of Norco 10/325mg. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, MTUS states, "Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Medical records indicate the patient has been taking this medication since 09/10/2013. Review of progress reports

dated 10/01/2013 and 11/05/2013 does not provide any discussions regarding whether or not Norco has provided any pain relief or functional improvements. In fact, the patient was noted to rate pain as 9/10 on the day he was first prescribed Norco. Subsequent reports dated 10/01/2013 and 11/05/2013 report the same level of pain of 9/10 while taking Norco. Given the lack of efficacy of this medication, recommendation is for denial.