

<b>Case Number:</b>	CM13-0067497		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/16/2002
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery 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 claimant is a 52 year old male who reported a low back injury while lifting a pipe on January 16, 2002. The records provided for review indicated that the claimant is status post a fusion procedure with subsequent removal of hardware. The clinical assessment on October 28, 2013 noted continued complaints of chronic pain in the low back and noted that the claimant was using medications. Physical examination showed an antalgic gait, healed incisions, tenderness noted about the facet joints at multiple levels with negative sensory or motor findings with the exception of left knee extension and hip flexion with mild weakness. The assessment documented that the claimant was also status post a recent radiofrequency neurotomy at the L2 through L4 level. Based on the current complaints the recommendation was made for medications of Motrin, Norco, Skelaxin, and a repeat MRI scan of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MOTRIN 800MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Specific recommendations: Motrin Page(s): 67-68;.

**Decision rationale:** The CA MTUS Chronic Pain 2009 Guidelines do not support continued use of Motrin. The Chronic Pain Guidelines only recommend the use of Motrin/ nonsteroidal medications for the shortest frequency and dosage possible. There would be no indication for use in the chronic setting without documentation of symptomatic flare or significant finding. The acute need of the agent in question would not be indicated.

**MRI OF THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - MRIs (magnetic resonance imaging)

**Decision rationale:** The CA MTUS and ACOEM Guidelines are silent regarding repeat imaging when there has been prior surgery. The Official Disability Guidelines support the use of an MRI scan in the repeat setting when there has been a significant change in symptoms or new findings suggestive of significant pathology. The records indicate the claimant has chronic complaints of low back pain with no acute physical examination findings or demonstration of significant change in symptoms. The above mentioned study would not be indicated.

**NORCO 10/325MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for Use Page(s): 76-80.

**Decision rationale:** The CA MTUS Chronic Pain 2009 Guidelines do not recommend the continued use of short acting narcotic analgesics. The use of a narcotic analgesic should be discontinued if there is no significant change in symptoms with overall use of the agent. The records provided for review document that the claimant has continued complaints of pain but no documented benefit using Norco. The continued role of Norco is not established.

**SKELAXIN 800MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65 and 63.

**Decision rationale:** The CA MTUS Chronic Pain 2009 Guidelines do not recommend the continued use of muscle relaxants. Muscle relaxants are only recommended as a second line

agent for acute symptomatic flare of symptoms in the chronic setting. The clinical records do not indicate that the claimant's experiencing a symptomatic flare of his chronic low back complaints. The continued use of this agent in the chronic setting is not indicated.