

Case Number:	CM13-0067954		
Date Assigned:	01/03/2014	Date of Injury:	02/23/2000
Decision Date:	08/27/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/18/2013

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, 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 injured worker is a 48-year-old-male who sustained injury on 2/23/00. He was assaulted by a patient during his employment as a psychiatric technician. Additionally, he has a history of several industrial accidents which led to severe injuries to his lower back and bilateral lower extremities, including his knees. He has been complaining of low back pain with radiation to both lower extremities, and neck pain with radiation to left upper extremity. Exam has showed tenderness to the lumbar spine, myofascial tenderness, and paraspinal spasm on palpation. The lumbar range of motion revealed moderate restriction secondary to pain. His medications include OxyContin, Norco, Flexeril, Cymbalta, Celebrex, and Ambien. X-rays of the lumbosacral spine taken today reveal post-surgical changes with hardware present at the L4-5 level with pedicle screws into the L4 and L5 vertebral bodies as well as an intervertebral cage present at the L4-5 interspace. Diagnoses are degenerative disc disease at L4-L5 and L5-S1, status post right L5-S1 micro decompression, failed back surgery syndrome, bilateral knee internal derangement with meniscal tears, opioid dependence per history, vitamin D deficiency, insomnia, and bilateral L5-S1 radiculopathy, left more than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per guidelines, muscle relaxants are recommended for short term usage in the treatment of acute exacerbation of chronic pain. In this case, the medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. There is insufficient clinical information as to the spasm of the lower back. There is no documentation of any significant improvement in pain or function with chronic use of this medication. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request is not medically necessary.

VITAMIN D 1000 UNIT TABLETS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, CHAPTER EVALUATION AND MANAGEMENT OF COMMON HEALTH PROBLEMS AND FUNCTIONAL RECOVERY IN WORKERS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Per guidelines, Vitamin D is recommended for consideration in chronic pain patients as supplementation if necessary. However, the guidelines state that Vitamin D is under study as an isolated pain treatment and Vitamin D deficiency is not a worker's compensation condition. Musculoskeletal pain is associated with low vitamin D deficiency, but this relationship may be explained by physical activity and / or other confounding factors. In this case, there is no indication of any association between low back being and vitamin D deficiency. The medical records do not provide rationale for Vitamin D supplementation. He is diagnosed with low back pain and radiculopathy due to degenerative disc disease and knee pain due to internal derangement and meniscus tear. Therefore, the request is not medically necessary.