

<b>Case Number:</b>	CM13-0069499		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/02/2007
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Pennsylvania. 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 49-year-old gentleman who was injured in a work related accident on 05/02/07 sustaining an injury to the low back. The injury occurred secondary to cumulative trauma of heavy lifting. Recent imaging indicates a prior magnetic resonance imaging (MRI) of February of 2013 demonstrating facet arthrosis from L3 through S1 with evidence of prior laminectomy noted at the L5-S1 level with discogenic changes and disc desiccation. Follow up clinical report of 10/31/13 indicated ongoing complaints of low back pain with lower extremity radicular pain. It states that the claimant was currently utilizing a medication management as well as a transcutaneous electrical nerve stimulation unit with no documented benefit. Objectively, there was noted to be positive straight leg raising with diminished through L5 and S1 dermatomal distribution with 4/5 motor weakness bilaterally to the lower extremities in nondermatomal fashion. Recommendations at that time given the claimant's ongoing clinical complaints were of continued use of medications to include Nucynta, Colace, Flexeril, as well as request for lumbar injection of Marcaine and steroid in the form of a trigger point procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR INJECTION 1 CC CELESTONE AND 2 CC MARCAINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines (MTUS) Chronic Pain Medical Treatment Guidelines would not support the role of trigger point procedure. Chronic Pain Guidelines recommend that trigger point injections are indicated for clear clinical findings of a twitch response consistent with triggering. The records in this case indicate diffuse complaints of pain, but no indication of an acute trigger point in examination. The acute role of this injection procedure at the claimant's chronic course of care would, thus, not be indicated.

**FLEXERIL 7.5 MG:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines (MTUS) Chronic Pain Guidelines would not support the continued use of Flexeril. Chronic Pain Guidelines only indicate the role of muscle relaxants in the chronic setting for acute symptomatic flare as a second line agent. The records in this case do not indicate acute symptomatic flare or indication for chronic use at this stage from time of injury. The acute need for muscle relaxants, given the claimant's current clinical picture, would not be supported.

**COLACE 100 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

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

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent. When looking at Official Disability Guidelines criteria, guidelines regarding opioid induced constipation treatment would include first line treatment options such as physical activity, appropriate hydration, and a diet rich in fiber. The records currently do not indicate current constipation complaints in this individual. The continued role of this agent for constipation purposes for opioid use would not be indicated. It should also be pointed out that the continued use of opioid in this case would not be indicated, thus, negating the need for opioid induced constipation agent.

**NUCYNTA ER 250 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

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

**Decision rationale:** California Medical Treatment Utilization Schedule Guidelines (MTUS) Chronic Pain Guidelines would not support the continued role of Nucynta. The claimant has not shown significant progress from pain or activity point of view given documentation of treatment over the past year. Chronic Pain Guideline criteria would only indicate the role of continued use of narcotic analgesics if functional benefit and improvement is noted in terms of overall function and progressive activity. The absence of the above would fail to necessitate the continued role of this narcotic analgesic at this stage in clinical course.