

Case Number:	CM14-0004503		
Date Assigned:	02/05/2014	Date of Injury:	06/25/2002
Decision Date:	07/21/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/13/2014

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 patient is a 46-year-old male who has submitted a claim for chronic pain syndrome, L3-L4, L4-L5, and L5-S1 disc injury, and L5-S1 spondylolisthesis associated with an industrial injury date of June 25, 2002. Medical records from 2013 were reviewed. The patient complained of chronic back and bilateral leg pain. Physical examination showed obesity, lumbar paraspinal muscle tenderness, spasm, and guarding, lumbar ROM at flexion of 40 degrees and extension of 30 degrees, tight hamstrings bilaterally, and decreased sensation in the right L4, L5, and S1 dermatomes. Treatment to date has included NSAIDs, opioids, antidepressants, narcotics, topical analgesics, home exercise programs, physical therapy, and epidural steroid injections. The treating provider has requested Tylenol No. 4, #90 and Flexeril 10mg, #90 and compression stockings.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL NO.4 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, page 35 and Opioids Page(s): 79-81.

Decision rationale: As noted on page 35 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Tylenol #4 is composed of acetaminophen and codeine which is used for mild to moderate pain. Pages 79-81 states that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there was no prior use of this medication. Recent progress notes reported increased and debilitating back and bilateral leg pain. The patient has been using opioids (Norco and tramadol) since June 2013, however, there was persistence of symptoms. It is unclear if Tylenol will be added to Norco or will be used as an alternative to Norco. There is no documented rationale for its use. Therefore, the request for Tylenol No. 4, #90 is not medically necessary.

FLEXERIL 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. In this case, there was no prior use of this medication. The patient has been using a muscle relaxant (Tinazidine) since June 2013, however, there was noted persistence of muscle spasms over the lumbar area. The rationale for prescribing this medication over Tinazidine was not mentioned. In addition, the use of muscle relaxants is not recommended for long-term use. Therefore, the request for Flexeril 10MG, #90 is not medically necessary.

(1) COMPRESSION STOCKINGS: 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) Knee and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Compression Garments.

Decision rationale: The CA MTUS does not specifically address compression garments. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, compression garments are recommended and are effective in the management of telangiectasia after sclerotherapy, the prevention of edema and deep vein thrombosis (DVT); healing leg ulcers and preventing progression of post-thrombotic syndrome and lymphedema. In this case, compression stockings were prescribed for the patient's leg pain.

However, the use of compression stockings in leg pain is not recommended. In addition, there is no evidence of vessel disease of the lower extremities in this patient. Therefore, the request for (1) compression stockings is not medically necessary.