

Case Number:	CM14-0006525		
Date Assigned:	03/03/2014	Date of Injury:	08/09/2013
Decision Date:	07/21/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 50-year-old male who has filed a claim for low back pain, likely lumbar radiculopathy associated with an industrial injury date of August 09, 2013. Review of progress notes indicates improvement with lumbar surgery. Patient reports tolerable low back pain with decreased numbness, worse at the left exterior thigh, and improvement of tingling of the lower extremities. The pain in the legs was completely relieved with surgery. Findings include normal sensation and motor function of the lower extremities. There is tenderness in both heels. Electrodiagnostic study of the lower extremities dated September 10, 2013 showed right L5/S1 and left S1 radiculopathy. MRI of the lumbar spine dated October 19, 2013 showed multilevel degenerative disc disease, facet arthropathy, and retrolisthesis. There was moderate canal stenosis at L3-4 and L4-5; and neuroforaminal narrowing at left L2-3, bilateral L3-4, and bilateral L4-5. Treatment to date has included opioids, muscle relaxants, gabapentin, chiropractic sessions, and micro lumbar discectomy in December 2013 with post-operative physical therapy. Utilization review from December 18, 2013 denied the requests for MRI of the lumbar spine (DOS 10/16/2013) as there was no significant change in the patient's condition to warrant the need for an imaging study; orphenadrine citrate 100mg ER (DOS 09/20/2013) as there was no muscle spasm or tightness documented to warrant the need for this medication; hydrocodone/APAP 10/325mg (DOS 09/20/2013) as the patient did not meet criteria for use of opioids; and orthopedic follow-up as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MRI OF THE LUMBAR SPINE (DOS 10/16/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, MRIs (magnetic resonance imaging).

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to ODG, lumbar MRIs are recommended in patients with lumbar spine trauma with neurological deficit or seatbelt fracture; uncomplicated low back pain with suspicion of cancer or infection, with radiculopathy after one month conservative therapy or sooner if severe or progressive neurologic deficits, with prior lumbar surgery, or with cauda equina syndrome; or myelopathy -- traumatic, painful, sudden onset, stepwise progressive or slowly progressive, and infectious disease or oncology patient. In this case, the patient did not present with conditions as mentioned above. There is no documentation that the patient had significant worsening of symptoms. Therefore, the retrospective request for MRI of the lumbar spine (DOS 10/16/2013) was not medically necessary.

ORPHENADRINE CITRATE 100MG ER #60(DISPENSED 9/20/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, 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 may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Progress note from this date of service indicates that the medications help with pain and allow for increased level of function. In this case, there is no documentation of acute exacerbation of low back pain to warrant use of this medication. Therefore, the retrospective request for orphenadrine citrate 100mg ER #60 (DOS 09/20/2013) was not medically necessary.

HYDROCODONE/APAP 10/325MG (DISPENSED 9/20/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-82.

Decision rationale: According to pages 76-78 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Progress note from this date of service indicates that the medications help with pain and allow for increased level of function. In this case, there is no documentation that the patient has failed non-opioid means of analgesia, or of baseline assessments and goals of therapy, to support use of opioids. Therefore, the request for hydrocodone/APAP 10/325mg (DOS 09/20/2013) was not medically necessary.

ORTHOPEDIC FOLLOW-UP VISIT: 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) Low Back Chapter, Office Visits.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. This patient is currently status post MLD, performed in December 2013, with subsequent improvement of symptoms and examination findings. There are no significant changes in findings at this point to warrant additional follow-ups to the patient's usual follow-up schedule. Therefore, the request for orthopedic follow-up visit was not medically necessary.