MAXIMUS Federal Services

Case Number:	CM14-0107506		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2008
Decision Date:	09/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 47-year-old female who reported an injury on 02/08/2008 caused by an unspecified mechanism. The injured worker's treatment history included medications, physical therapy, MRI studies, and TENS unit. The injured worker was transported to the hospital via ambulance for an acute exacerbation of her chronic low back pain on 06/03/2014. Per the documentation, the injured worker indicated that she had been experiencing worsening back pain over the past 4 to 6 months. It was noted the injured worker stated the pain became so severe that she was unable to sit to urinate and was unable to walk. The injured worker rated her pain at 4/10 to 5/10 if perfectly still and states that the pain radiated down the lower extremity. The provider noted limited back range of motion, tenderness to palpation of the lumbar spine, positive straight leg raise at 30 degrees on the right, lower extremity strength limited by pain, and intact sensation except possible numbness of the dorsum of the right foot. Medications the injured worker received during her hospital stay included Colace, Senokot, Flexeril, prednisone, and Norco. It was noted the injured worker had received fentanyl 50 mg IV enroute by paramedics. The diagnoses included obesity; pain, heel/foot; plantar fasciitis; hyperlipidemia; lumbar radiculopathy; female urinary stress incontinence; abdominal pain, chronic; onychomycosis. The request for authorization dated 08/14/2014 was for paramedic transport to the emergency room, fentanyl 50 mg IV given enroute by paramedics, MRI of the lumbar spine, prednisone, Flexeril, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for paramedic transport to the Emergency Room (ER) for DOS 6/2/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to Official Disability Guidelines (ODG) do not recommend hospital stays for low back pain. After review of the documentation that was submitted, it appears that the requested ambulance transportation was not medically appropriate. The injured worker was experiencing low back pain; there was no indication that she was facing a life-threatening condition which would have required medically-supervised transportation. As such, the request is not medically necessary.

Retrospective request for Fentanyl 50mg IV given en route by the paramedics for DOS 6/2/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend fentanyl 50 mg IV is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as fentanyl. The Official Disability Guidelines (ODG) state that fentanyl is not recommended for musculoskeletal pain. The documentation submitted stated that the injured worker was experiencing pain that was not relieved with her at-home oral medications; there was no documentation indicating that a weaker opioid was attempted enroute without results. In addition, the request for the ambulance transportation was not medically necessary. Therefore, the retrospective request for fentanyl 50 mg IV given enroute by the paramedics for date of service 06/02/2014 is not medically necessary.

Retrospective request for Magnetic Resonance Imaging (MRI) of the lumbar spine for DOS 6/3/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There was no conservative care treatment submitted for the injured worker. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also no indication of red flag diagnoses or the intent to undergo surgery. The injured worker had undergone an MRI on 06/03/2014. The injured worker complained of radiating pain to the lower extremities, physical examination revealed intact sensation except possible numbness of the dorsum of the right foot. There was no saddle numbness and normal rectal tone. Therefore, the request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary.

Retrospective request for Prednisone 60mg for DOS 6/2/2014 to 6/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Non-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Oral Corticosteroids (oral/parental/IM for low back pain).

Decision rationale: California MTUS/ACOEM Guidelines do not recommend oral corticosteroids for the management of low back complaints. According to the Official Disability Guidelines (ODG), it is indicated that corticosteroids may be considered if the patient has clear cut signs and symptoms of radiculopathy. In the documentation submitted, the injured worker has been using prednisone 60 mg in the past and it was stated that this medication her primary care doctor prescribes her would not be filled without seeing the injured worker. Therefore, the request for prednisone 60 mg is not medically necessary.

Retrospective request for Flexeril 10mg for DOS 6/2/2014 to 6/5/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted indicated the injured worker has been prescribed Flexeril since 03/24/2014 without significant improvement in pain or function. Per the documentation submitted indicated the injured worker

was currently on Flexeril, and she went to the emergency room due to failed at-home medications. As such, the request for retrospective Flexeril 10 mg for DOS 06/02/2014 to 06/05/2014 is not medically necessary.

Retrospective request for Norco 10/325mg for DOS 6/2/2014 to 6/5/2014: 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): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. The request submitted given the above, the request for is not supported by the California Medical Treatment Utilization Schedule (MTUS) Guidelines recommendations. As such, the request is not medically necessary.