MAXIMUS Federal Services

Case Number:	CM14-0012668		
Date Assigned:	02/21/2014	Date of Injury:	02/12/2009
Decision Date:	06/26/2014	UR Denial Date:	01/25/2014
Priority:	Standard	Application Received:	01/31/2014

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 Neurology and is licensed to practice in Florida. 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 AME of October 26, 2010 reported a diagnosis of cervical strain and lumbar radiculopathy. The physical examination by the physician noted intact neurological examination including normal strength testing of the upper and lower extremities, normal reflexes and negative straight leg raise. There was normal segmental lumbar spine movement and no facet provocation findings. The March 20, 2011 AME reported neck and low back pain. Examination noted no tenderness in the neck and normal range of motion. There was tenderness over the lumbar paraspinal muscles but otherwise normal range of motion and strength with negative straight leg raise. The July 31, 2013 treatment note indicates the insured had sudden severe pain in back. The insured was taking ibuprofen and norflex and uses hydrocodone as needed. The insured has been using a TENS unit with reported decrease in pain, muscle relaxation, medication utilization, and allows the insured to walk more easily. Examination reported cautious transfers and tight paraspinal muscles with decreased sensation along the left lateral lower leg. The insured was reported to have grade 1 spondylolithesis at L5-S1 with bilateral L5 spondylolysis. There was positive left straight leg raise. Treatment recommendation included medications and use of TENS. The January 20, 2014 evaluation notes the insured has increased back pain. The insured was treating with TENS unit, nabumetone, motrin, and gabapentin. The insured reports Medrol dose pack in past has been helpful. Exam noted decreased sensation in the left L5-S1 dermatome with positive left SLR. Achilles reflex was decreased on the left. Treatment request was for Medrol dose pack, Motrin, Gabapentin, Flexeril and Norco. The February 3, 2014 examination notes the insured completed the Medrol dosepak and overall felt better. The insured had persistent back pain that radiated down the left leg. Examination noted a positive left straight leg raise with sensation decreased in the left lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF MEDROL DOSEPAK: 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, corticosteroids

Decision rationale: The medical records provided for review demonstrate the insured has chronic back pain with an exacerbation of acute radicular pain episode supported by the findings of positive straight leg raise and sensory changes with decreased reflex corroborated by reported findings of spondylolithesis on imaging on January 20, 2014 and February 3, 2014 examinations. The ODG Guidelines indicate limited evidence of support but may be used. The medical records do not relfect that the risks of steroids were discussed with the insured or that the insured was made aware of the limited evidence of the effect of this medication with both being documented in the medical record. The request is not medically necessary.

1 PRESCRIPTION OF GABAPENTIN 600MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

Decision rationale: The medical records indicate treatment with gabapentin with persistent pain despite use. The medical records do not indicate objective functional improvement in regard to activities or specific improvement of pain or neuropathic pain features with gabapentin. The neuropathic pain reported is radicular pain and gabapentin is not supported to benefit condition under California MTUS chronic pain guidelines. The request is not medically necessary.

1 PRESCRIPTION OF NORCO 10/325MG #50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The medical records provided for review do not indicate there is an opioid agreement or ongoing periodic montoring of opioid use (such as UDS). Chronic long term use of opioid is not supported under the California MTUS Guideline for chronic non-malignant pain. There is no indication of pain diary or other mechanism to assess functional gain as result of the treatment with opioids as recommended under California MTUS Guidelines. The request is not medically necessary.

FLEXERIL 10MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), FLEXERIL (CYCLOBENZAPRINE),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The medical records provided for review note acute back pain exacerbation per the January 20, 2014 and Feburary 3, 2014 noted examinations. A short course of flexeril is supported under the California MTUS Guidelines for management of back pain.