

Case Number:	CM14-0017599		
Date Assigned:	04/16/2014	Date of Injury:	03/22/2003
Decision Date:	06/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 and Rehabilitation 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 51-year-old female who was injured on 03/22/2003 to her low back, coccyx, bilateral hips and psyche. Ortho Consult dated 01/09/2014 reports the patient presents with extremely high level pain. She states that she is miserable and cannot sleep. The pain in her back is getting worse and radiating down her left leg. There are spasms and this is keeping her awake at night. She rates her lumbar spine at 9/10 with stiffness and sharp pain. Her bilateral hip pain is 9/10 with spasms, sharp pain and interference with sleep and activities of daily living. The patient is a morbidly obese female in no acute distress. The patient refused examination on this visit. She states that she is in too much pain to be examined. There is no examination today to support the patient's contention that her pain level is 9/10. The diagnoses are multilevel disc protrusions of the lumbar spine; degenerative disc disease (DDD) of the lumbar spine; foraminal narrowing of the lumbar spine; bilateral hip pain; and depression. The patient refused to have labs drawn. She states that she is not taking narcotics so she does not think she needs labs. It was pointed out to her that a urine drug screen need to be performed and she refused this as well. The treatment plan is to obtain an updated MRI (magnetic resonance imaging) of the lumbar spine due to the patient's complaints and refill her medications including Tramadol 50 mg and Flexeril 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPDATED MRI OF THE LUMBER SPINE: 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, MRIs (magnetic resonance imaging).

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, MRIs (magnetic resonance imaging).

Decision rationale: According to the ACOEM guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination warrant imaging in patients who do not respond to treatment and to whom surgery is considered an option. According to the records, the patient underwent lumbar MRI (magnetic resonance imaging) studies in 2007 and on 9/9/09. The medical records do not include any recent physical examination. The Official Disability Guidelines (ODG) states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Review of the medical records does not reveal any significant change in the patient's symptoms or findings to suggest significant pathology is present. The request for repeat lumbar MRI is not medically necessary.

TRAMADOL 50MG X 90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, criteria for use Page(s): 76-78, 93-94.

Decision rationale: According to the CA MTUS guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. The patient presented for follow up on 1/9/2014. The patient complained of increased pain. The medical report does not document a physical examination, as the patient refused. The medical records do not establish the patient has obtained clinically significant improvement in pain and function with ongoing opioid therapy. It is noted that the 1/30/2013 urine drug screen report was positive for hydrocodone and hydromorphone, which were not prescribed to the patient. Additionally, the patient refused to have labs drawn or complete another urine drug screen (UDS). Given the lack of corroborative evidence of significant pain and benefit with medication, as well as failure to fulfill required chronic opioid therapy requirements, continued opioid therapy is not appropriate. The medical records do not establish opioid use has led to clinically significant reduction in pain level or improved function. The medical necessity of Tramadol has not been established. Weaning is advised to avoid withdrawal symptoms.

FLEXERIL 10MG X 90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CYCLOBENZAPRINE (FLEXERIL), MUSCLE RELAXANTS (OR PAIN) Page(s): 41; 63.

Decision rationale: According to the CA MTUS guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. According to the 1/9/2014 progress report, the patient refused to undergo an examination, and as such there is no objective evidence of muscle spasms on examination or an acute exacerbation. The chronic use of muscle relaxants is not recommended. The medical necessity of Flexeril is not established.