

Case Number:	CM14-0019717		
Date Assigned:	04/28/2014	Date of Injury:	10/06/2005
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for right shoulder, back, and leg pain associated with an industrial injury date of October 6, 2005. Treatment to date has included physical therapy; occupational therapy; chiropractic treatment; TENS unit; facet blocks; epidural injections; radioablation; and medications including Valium 5mg 2 tab PO 30 min prior to MRI and 1-2 as needed prior to or during MRI (prescribed January 2014), Cyclobenzaprine 10mg 1PO q8hr as needed for back spasm (since January 2014), and Norco 10/325 mg 1 PO q4-6 prn for back pain (since January 2014). Medical records from 2014 were reviewed, which showed that the patient complained of right shoulder, back, and leg pain, relieved by medication and worsened with work and other activities. On physical examination, there was tenderness over the spinous processes, paraspinal muscles, and bilateral sacroiliac joints. Gait was antalgic. Heel and toe walk were performed with difficulty. Examination of the lower extremities revealed pain with range of motion but no sensorimotor deficits were noted. An MRI of the lumbar spine dated April 8, 2014 revealed minimal disc disease at L5-S1, bilateral facet arthropathy at L4-5 and L5-S1, and no spinal canal or foraminal stenosis. Utilization review from January 29, 2014 denied the request for MRI of the lumbar spine because the documentation showed mixed findings and there was no indication that surgery was being considered; Unknown prescription trial of Valium because this was a dependent request to the MRI request; and Flexeril 10mg because muscular spasm was not noted. The same review modified the request of Norco 10/325 mg #40 to Norco 10/325 mg #40 between 1/16/2014 and 3/25/2014 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: 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): 303-304.

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, an MRI was requested because his previous MRI was significantly outdated and needed to be updated. However, a mere updating of the MRI is not an indication for the said procedure. In addition, a complete neurologic examination was not performed and there were no findings of specific nerve compromise. Furthermore, there was no discussion regarding failure to respond to treatment or whether surgery was being planned for the patient. An MRI is not warranted at this time; therefore, the request for MRI of the lumbar spine is not medically necessary.

PRESCRIPTION TRIAL OF VALIUM: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: In this case, Valium was prescribed as a sedative prior to or during MRI. Since the contemplated procedure (MRI) has been deemed not medically necessary; therefore, the associated request, which is Prescription Trial of Valium is likewise not medically necessary.

FLEXERIL 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL, AMRIX, FEXMID, GENERIC AVAILABLE).

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

Decision rationale: According to page 63 of the Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this

class may lead to dependence. In this case, cyclobenzaprine was being prescribed since January 2014 (4 months to date); however, the most recent physical examination findings did not reveal presence of muscle spasm nor was functional benefit documented. Moreover, the present request did not specify the frequency and duration of use for Flexeril as well as the number of tablets to be dispensed. The request is incomplete; therefore, the request for Flexeril 10mg is not medically necessary.

NORCO 10/325MG #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to pages 79-81 of the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco was prescribed since January 2014 (4 months to date); however, given the 2005 date of injury, the duration of opiate use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The medical records also did not reflect continued functional benefit or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued use of this medication; therefore, the request for Norco 10/325mg #40 is not medically necessary.