

Case Number:	CM14-0114153		
Date Assigned:	08/20/2014	Date of Injury:	09/04/2010
Decision Date:	10/08/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family 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:

This 45 year old patient had a date of injury on 9/4/2010. The mechanism of injury was not noted. In a progress noted dated 6/16/2014, subjective findings included constant pain across the lumbar spine, with radiation into right and left lower extremity to his knee and both calves. He has tingling and numbness in both lower extremities to his ankle. On a physical exam dated 6/16/2014, objective findings included a 44 year old male weighing 260 lbs, blood pressure is 145/83, pulse is 84. Patient is on [REDACTED] program for his weight gain. Diagnostic impression shows lumbosacral sprain/strain with bilateral sciatica, gastritis, right hip trochanteric bursitis, discogenic and spondylotic abnormalities Treatment to date: medication therapy, behavioral modification A UR decision dated 6/30/2014 denied the request for Norco 10mg #60, stating that there was no documentation of functional improvements or ADLs, and guidelines do not support long term use. Flexeril 7.5mg #30 was denied, stating guidelines do not support long term use and no exceptional factors are noted in documentation. Computerized range of motion and muscle testing was denied, stating that guidelines do not support computerized measures of lumbar spine range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going management section Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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 a progress report dated 6/16/2014, there was no documented functional improvement noted with the opioid regimen, and the patient has been on norco since at least 2013. Therefore, the request for Norco 10/325 #60 is not medically necessary.

Flexeril 7.8mg QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. 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. In the progress report dated 6/16/2014, there was no documentation of an acute exacerbation of pain. Furthermore, this patient has been on flexeril since at least 2013, and guidelines do not support long term use. Therefore, the request for flexeril 7.5mg #30 is not medically necessary.

Computerized range of motion and muscle testing: 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) Treatment Index, Current Edition (Web), Current Year, Low Back, Flexibility state: Computerized range of motion (ROM)-see Flexibility

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 chapter

Decision rationale: MTUS does not address this issue. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" In the 6/16/2014 progress report, there was no discussion as why an inclinometer cannot be used for computerized

measures of lumbar spine range of motion and why this patient requires computerized range of motion and muscle testing. Furthermore, there was no discussion as to the objective functional measurements intended for this test. Therefore the request for computerized range of motion and muscle testing is not medically necessary.