

Case Number:	CM14-0120365		
Date Assigned:	08/06/2014	Date of Injury:	06/29/2013
Decision Date:	09/17/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 43 year old female injured on 06/29/13 when lifting a case of beer. Diagnoses included retrolisthesis at L4-5 and L5-S1, neuroforaminal narrowing left L4-5, degenerative disc disease lumbar spine, and facet arthropathy in the lumbar spine. Treatment to date included acupuncture 13 sessions, 12 chiropractic sessions, and medication management. The clinical note dated 06/25/14 indicated the injured worker presented complaining of ongoing back pain and numbness into the bilateral lower extremities rated at 9/10. The documentation indicated the injured worker underwent hernia surgery on 02/07/14 with continued follow up evaluations with general surgeon. The injured worker reported Norco 10/325mg four times a day decreases pain levels 30% and increases ability to walk. Physical examination revealed non-antalgic gait, decreased range of motion in the lumbar spine, sensation diminished in the right L3, L4, and S1 dermatomes, positive facet provocation test left greater than right, motor examination 5/5, patellar and Achilles reflexes hyporeflexive bilaterally. The documentation indicated requests for gastrointestinal consult for follow ups for gastrointestinal complaints following hernia surgery. Continuation of acupuncture therapy 3 x a week for 4 weeks for the lumbar spine for decreased pain and improved functioning, encouragement for home exercise program, continuation of Norco and Norflex, and med panel to evaluate liver and kidney function. The initial request for gastrointestinal consult and Norflex was initially non-certified on 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gastroenterologist consult for gastrointestinal complaints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back Complaints, Follow-up visits.

Decision rationale: The documentation fails to discuss substantial gastrointestinal complaints that require the specialty evaluation and treatment. There is no indication that the injured worker's complaints cannot be addressed by the injured worker's current practitioner. As such, the request for Gastroenterologist consult for gastrointestinal complaints cannot be recommended as medically necessary at this time.

Continued use of Norflex 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Norflex 100 mg #60 is not medically necessary.