

Case Number:	CM14-0127000		
Date Assigned:	08/13/2014	Date of Injury:	08/31/2000
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Texas. 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 66-year-old male who initially presented with low back pain from an injury related to an incident on 03/20/06. The operative note dated 08/06/07 indicates the injured worker underwent L4-5 and L5-S1 decompression. The urine drug screen completed on 07/25/13 resulted in findings consistent with the injured worker's drug regimen. There is a positive finding for the use of Tramadol, which had been prescribed to the injured worker. No other positive findings were identified. The injured worker had also undergone urine drug screens on 06/27/13, 05/30/13 and 04/30/13, which revealed similar findings. The clinical note dated 12/05/13 indicates the injured worker complaining of low back pain. The injured worker was able to demonstrate 40 degrees of lumbar flexion with 35 degrees of extension. The note does indicate the injured worker having previously undergone a decompression at L3-S1 and had been diagnosed with a failed back surgery syndrome. There is an indication the injured worker is showing an improvement in symptoms. There is an indication the injured worker is utilizing a spinal cord stimulator which was reducing the injured worker's pain to 0/10. Clinical notes dated 06/06/14 indicated the injured worker presented complaining of neck pain radiating to upper extremities. The injured worker reported previous trigger points relieved pain complaints. The initial request was non-certified on 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Further, the request failed to provide the dose, amount, frequency, and number of refills to be provided. As such, the request for Naproxen is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is 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 patients 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. Further, the request failed to provide the dose, amount, frequency, and number of refills to be provided. As such, the medical necessity of Flexeril is not medically necessary.

Trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: As noted on page 122 of the Chronic Pain Medical Treatment Guidelines, trigger point injections may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when documentation of circumscribed trigger points with evidence upon palpation of a twitch response

as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); not more than 3-4 injections per session; no repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; and frequency should not be at an interval less than two months. The documentation indicates the injured worker has undergone prior trigger point injections; however, the number attended was not specified. As such, the request for trigger point injections is not medically necessary.

Medrol dose pack: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints.

Decision rationale: Current California Medical Treatment Utilization Schedule indicates oral steroids are not recommended for the treatment of low back disorders. Glucocorticosteroids are not recommended for treatment of subacute or chronic low back pain without radicular pain or mild to moderate radiculopathy. As such, the request for Medrol dose pack is not medically necessary.