

Case Number:	CM14-0134165		
Date Assigned:	09/08/2014	Date of Injury:	06/14/2014
Decision Date:	10/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 Florida. 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 54-year-old male with a reported date of injury on 06/14/2014. The mechanism of injury was noted to be from repetitive lifting. His diagnoses are noted to include cervical spine musculoligamentous sprain/strain with left upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain and bilateral sacroiliac joint sprain with evidence of facet hypertrophic changes at the L5-S1 level, bilateral shoulder sprain/strain with impingement syndrome and complaints of abdominal pain due to umbilical hernia. His previous treatments were noted to include medications. The progress note dated 07/15/2014, revealed complaints of neck pain, bilateral shoulder pain, low back pain and abdominal pain. The physical examination of the cervical spine revealed tenderness to palpation with evidence of muscle spasms present over the paraspinal musculature bilaterally, as well as over the upper trapezius muscles. The range of motion was noted to be diminished. The physical examination of the lumbar spine revealed tenderness to palpation with evidence of muscle spasm and muscle guarding over the paraspinal musculature, lumbosacral junction and sacroiliac joints bilaterally. The sacroiliac stress test was positive bilaterally and the range of motion was decreased. The physical examination of the bilateral shoulders revealed tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendons and anterior capsules bilaterally and over the biceps tendon on the right. The impingement test was positive bilaterally, as well as the Speed's test, empty can test and subacromial crepitus was present bilaterally. The range of motion was noted to be diminished. The sensory examination revealed sensation was intact to the right upper extremity and bilateral lower extremities. The sensation was decreased in the left upper extremity in a patchy, non-dermatomal, distribution. The motor strength test was noted to be rated 5/5 to the bilateral lower extremities and right upper extremity. The Request for Authorization form dated 07/15/2014 was for Norco 5/325 mg 1 by mouth every 12 hours as

needed for pain #60, Robaxin 750 mg 1 by mouth twice a day as needed #120 for treatment of spasm, a general surgeon consultation due to the bulging umbilical hernia and interferential stimulation unit to decrease muscle spasm and increase circulation and active range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, one PO Q12H PRN pain #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

Decision rationale: The request for Norco 5/325 mg 1 by mouth every 12 hours as needed pain #60 is not medically necessary. The injured worker complains of pain to his neck, bilateral shoulders, low back and abdomen. According to the California Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals and the continued use of opioids should be contingent on meeting those goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Pain related assessment should include history of pain treatment and effect of pain and function. When initiating the therapy start with a short acting opioid trying one medication at a time. For continuous pain extended-release opioids are recommended and patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. The guidelines state only change 1 drug at a time and prophylactic treatment of constipation should be initiated. The guidelines state if partial analgesia is not obtained, opioids should be discontinued. There is a lack of documentation regarding a numerical pain rating and the trial of non-opioid analgesic results. Therefore, the request is not medically necessary.

Robaxin 750mg, one PO BID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

Decision rationale: The request for Robaxin 750 mg 1 by mouth twice a day as needed #120 is not medically necessary. The injured worker complains of muscle spasms to the lumbar spine. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and

muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of medications in this class may lead to dependence. There is a lack of documentation regarding first line treatment prior to prescribing Robaxin. Therefore, despite evidence of muscle spasms to warrant a muscle relaxant, due to lack of evidence regarding a first line option attempted, Robaxin is not appropriate at this time. Therefore, the request is not medically necessary.

General surgeon consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., 2004, Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163

Decision rationale: The request for a general surgeon consultation is not medically necessary. The injured worker complains of abdominal pain with a bulging umbilical hernia. The California MTUS/ACOEM Guidelines state that, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. There was not a physical exam performed to the abdomen with significant clinical pathology to warrant a general surgeon consult. The documentation provided indicated the injured worker had an umbilical hernia. However, the physical examination was not addressed to the abdomen. Therefore, the request is not medically necessary.

Interferential stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Stimulation Unit Page(s): 118.

Decision rationale: The request for interferential stimulation unit is not medically necessary. The injured worker complained of neck, back and shoulder pain. The California Chronic Pain Medical Treatment Guidelines do not recommend interferential current stimulation as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications and limited

evidence of an improvement on those recommended treatments alone. The randomized trials have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder point, cervical neck pain and postoperative knee pain. There is a lack of documentation regarding failure of conservative treatment to warrant an interferential stimulation unit. There is a lack of documentation regarding utilizing the interferential stimulation unit as an adjunct to a functional restoration approach. Additionally, the request failed to provide whether this was for a trial or purchase. Therefore, the request is not medically necessary.