

Case Number:	CM14-0179792		
Date Assigned:	11/04/2014	Date of Injury:	05/10/2000
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 is a 64 year old male patient who sustained a work related injury on 5/10/2000. The current diagnoses include lumbar disc displacement and s/p back surgery a laminectomy at L4-5. Per the doctor's note dated 9/17/14, patient has complaints of chronic low back pain, stabbing that radiated down the left leg with numbness at 4-9/10. Physical examination revealed limited lower back range of motion, positive straight leg raise bilaterally at 80 degrees, altered sensation in the left lateral calf and bottom of foot, 4/5 strength, weakness of the left great toe. Per the doctor's note dated 10/20/14 patient had complaints of severe back pain shooting down to his left leg with burning sensation, at 4-9/10. Physical examination revealed flexion 30, extension 5, positive SLR, limping gait, altered sensation, 1 + reflexes, 4/5 strength, and muscle spasm. The current medication lists include MS Contin, Oxycodone, and Flexeril. The patient has had MRI of the low back on 5/6/14 that revealed L5-S1 disc herniation and post-operative changes; X-ray and lumbar CT scan with myelogram on 11/12/13 that revealed post-operative changes and disc bulging and nerve root compression. The patient had a prior back surgery in 2001, which included a laminectomy at L4-5. He had a history of coronary bypass graft. The patient has received an unspecified number of the physical therapy visits for this injury. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 60 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, criteria for use of opioids, and Therapeutic Trial of Opioids Page(s).

Decision rationale: MS Contin 60 mg, #90 is an opioid analgesic. According to CA MTUS guidelines cited below, "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 these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of MS Contin 60 mg, #90 is not established for this patient.

1 prescription of Flexeril 10 mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)NSAIDs, GI symptoms & cardiovascular risk Page(s): 41-42, 68-69.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." This patient has a history of low back surgery. The patient has stabbing low back pain with radiation to the leg. There is objective evidence of radiculopathy including a positive SLR. The patient also has evidence of muscle spasms. Therefore with this, it is deemed that, the use of the muscle relaxant Flexeril 10 mg, #60 is medically appropriate and necessary in this patient.

