

Case Number:	CM14-0021557		
Date Assigned:	05/07/2014	Date of Injury:	04/04/2012
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/20/2014

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 Occupational 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 patient is a 52-year-old male who has submitted a claim for L5-S1 left-sided disc herniation with stenosis, annular tear and left lower extremity radiculopathy, insomnia, and gastrointestinal problems associated with an industrial injury date of April 4, 2012. Medical records from 2013-2014 were reviewed. The patient complained of low back pain, rated 4-7/10 in severity. There was pain radiating into both lower extremities. There was tingling, numbness, weakness, and cramping. It was aggravated with coughing, sneezing, straining, prolonged sitting, and standing. Physical examination showed patient walking with a limp on the left side. There was tenderness of the lumbar paraspinals, muscle spasm, and guarding. There was pain on lumbar spine range of motion. There was positive straight leg raise test bilaterally. Sensation was diminished on the L5 dermatome on the left. The hamstrings were tight bilaterally, greater on the left. Motor examination shows weakness of both lower extremities. Achilles reflex was sluggish bilaterally. MRI of the lumbar spine, dated September 8, 2012, revealed at L4-L5 a 2mm disc bulge; and at L5-S1 a 4mm disc bulge, high intensity zone posterior aspect of disc, mild bilateral facet hypertrophy, mild central canal narrowing, and mild left and slight right neuroforaminal narrowing. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and caudal epidural blocks. The utilization review dated January 21, 2014 denied the request for MRI of the lumbar spine because there was no documentation of an acute injury or acute exacerbation of pain, motor weakness, muscle atrophy, or abnormal deep tendon reflexes of the lower extremities. There was no red flag, no clear documentation of radiculopathy, and no documentation of recent physical therapy or home exercise program. The request for Cyclobenzaprine 7.5mg #60 was denied as well because there was no documentation of acute exacerbation or re-injury. Lastly, the request for Tramadol ER 150mg #60 was also denied

because it is not a first-line analgesic, and the patient was concurrently prescribed Hydrocodone. Another utilization review, dated April 3, 2014, certified the request for MRI of the lumbar spine because a urology evaluation identified neurogenic bladder, and the guideline would support the request based on this additional diagnosis. The request for Cyclobenzaprine 7.5mg #60 was still denied because guidelines recommend short term use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines, 2nd Edition (2004) as referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative. Other indications for lumbar spine imaging are unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines (ODG) recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner in the case of severe or progressive neurologic deficit. In this case, rationale for a repeat MRI was not provided. The MRI of the lumbar spine done last September 8, 2012, revealed disc bulge at L4-L5, and bilateral facet hypertrophy, and central canal and neuroforaminal narrowing at L5-S1. In the recent clinical evaluation, the patient still complains of low back pain and lower extremity symptoms. A recent utilization review, dated April 3, 2014, stated that lumbar spine MRI was now certified because a urology evaluation identified neurogenic bladder and guidelines would support this request based on this additional diagnosis. However, the documentation provided at the time of this initial request did not show evidence of such findings. There was no significant worsening of symptoms noted from the medical records reviewed. Furthermore, there was no discussion regarding a failure to respond to treatment or future surgical plans. There was insufficient information to warrant a repeat lumbar MRI at the time of this request. Moreover, a subsequent request for MRI of the lumbar spine has already been certified by the more recent utilization review dated April 3, 2014. Therefore, January 2014 request for MRI of the lumbar spine was not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: As stated on pages 41-42 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, a sedating muscle relaxant, is recommended for a short course of therapy, with its effect greatest in the first 4 days of treatment. In this case, the patient has been on Cyclobenzaprine since November 2013. The recent clinical evaluation does not indicate either relief of pain or functional improvement resulting from Cyclobenzaprine use. Also, the use of Cyclobenzaprine has exceeded the recommended duration of treatment. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

Tramadol ER 150mg #60: Upheld

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

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

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. As stated on page 78-81 of the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Guidelines recommend that dosing should not exceed 120mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, the patient has been taking Tramadol since November 2013. The rationale for the request was that it would be utilized for pain. There was no documented evidence of functional improvement from the medication. In addition, specific measures of analgesia and improvement in activities of daily living were not documented, nor was there documentation of adverse effects or testing for aberrant drug-taking behavior. Furthermore, patient was also prescribed Hydrocodone. Guidelines require opioid treatment to be prescribed at the lowest possible dose, along with clear and concise documentation of ongoing management. Therefore, the request for Tramadol ER 150mg #60 was not medically necessary.