

Case Number:	CM14-0030711		
Date Assigned:	06/20/2014	Date of Injury:	06/24/2003
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 73-year-old male with a date of injury of 06/24/2003. The patient's current diagnoses per [REDACTED] are unspecified hemiplegia, postlaminectomy syndrome of the lumbar region, and pain in limb. According to progress report dated 01/24/2014 by [REDACTED], the patient presents with back, neck, shoulder, left ankle, and bilateral knee pain. This patient has a history of hip injections, blood clots gastrointestinal issues, as well as stroke. Examination of the neck revealed pain superimposed on degenerative changes and spondylosis with evidence of radiculopathy. The Patient has decreased right lateral flexion and clumsiness. The patient's walks with a cane due to hip issues and walks flexed forward because of this back issues. Provider states this patient has evidence of C5-C6 neuroforaminal narrowing and small HNP. Surgical options have been put on hold due to the patient's failed EKG. The request is for refill of Percocet 10/325 mg, Flexeril 5 mg, and prednisone dose-pack. The provider is also requesting an MRI of the cervical spine. Utilization review did not grant the requests on 03/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine page, 64.

Decision rationale: This patient presents with chronic back and neck pain. The provider indicates the patient has daily and nightly spasms, and Flexeril decreases the frequency and intensity of the spasms. He is requesting a refill of Flexeril 5 mg #120 with 3 refills. Medical records indicate this patient has been taking Flexeril since at least 03/05/2014. The MTUS Guidelines page 64 states Cyclobenzaprine is recommended for short course of therapy, limited mixed evidence does not allow for recommendation for chronic use. In this case, the provider is requesting this medication for long-term use. The request is not medically necessary.

MRI neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG.

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting a repeat MRI. Medical records indicate the patient underwent a cervical MRI on 09/25/2013 which revealed "broad based disc bulge and osteophyte spurring foraminal narrowing on the right, mild to moderate degree. On 01/24/2014, the provider noted the patient has evidence of C6-C7 radiculopathy with numbness of 1-3 triceps weakness. The report goes on to state, The HNP could cause either C6 or C7 problems. It would be prudent to repeat the study. The ACOEM Guidelines page 177 and 178 has the following criteria for ordering images: Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure. The ACOEM Guidelines may be more appropriately applied for acute and sub acute cases. For chronic condition, Official Disability Guidelines recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, the patient already had an MRI of the C-spine on 09/25/2013, which showed evidence of C5-C6 neuroforaminal narrowing and small HNP. The request is not medically necessary.

Percocet 10/325mg #105 with 1 refill (Express Scripts): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS on Long-term Opioid Page(s): 88-89.

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting a refill of Percocet 10/325 mg #105 Medical records indicate the patient has been taking Percocet for years. The provider notes patient takes Percocet which decreases pain from a 10/10 to 6-7/10 and allows a little more sleep. The patient has been stable on this regimen the last couple of years. The California MTUS requires Pain Assessment that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In

addition, The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, the provider indicates a decrease in pain using a numerical scale but does not provide pain assessment as required by the California MTUS. In addition, the provider does not address a possible adverse side effects or provides a urine drug screen. The request is not medically necessary.

Prednisone Dose Pack #48 (Express Scripts): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain Chapter Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Long-term Opioid use, pages, 88-89.

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting prednisone dose-pack #48 for the multiple areas of pain. The California MTUS guidelines do not discuss use of Prednisone dose-pack. However, Official Disability Guidelines recommends oral corticosteroids for limited circumstances as noted below for acute radicular pain, not recommended for acute non radicular pain (i.e., axial pain) or chronic pain. Multiple severe adverse effects have been associated with systemic steroid use. This is more likely to occur after long-term use. This patient has chronic neck and back pain. The Official Disability Guidelines does not recommend oral corticosteroids for non-radicular or chronic pain. The request is not medically necessary.