

Case Number:	CM14-0039269		
Date Assigned:	06/27/2014	Date of Injury:	04/01/2011
Decision Date:	08/15/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/03/2014

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 35-year-old male with a date of injury of 04/01/2011. The listed diagnoses per [REDACTED] are: Cervical disk herniation with radiculopathy/radiculitis; Tendinosis and carpal tunnel syndrome, right wrist and hand; Tendinosis and carpal tunnel syndrome, left wrist and hand; Thoracic sprain/strain; Lumbar disk herniation with radiculitis/radiculopathy; Symptoms of anxiety and depression; Insomnia. According to a progress report dated 02/25/2014 by [REDACTED], the patient presents with continued low back pain radiating into bilateral legs with numbness. Pain intensity has increased to 8-9/10 on an average now. Medications help decrease pain intensity and allows for ADLs. The patient is also complaining of continued neck pain that radiates over right arm and shoulders with numbness, aching, and stabbing pain. Examination of the lumbar spine revealed decreased range of motion and positive SLR bilaterally at 75 degrees. There is hypoesthesia of lower extremity at L3 to S1 bilaterally. Muscle strength test is 3/5 at the foot dorsiflexors and evertors, and 4/5 at knee extensors. Examination of the cervical spine revealed decreased range of motion and positive Spurling's test. Examination of the right wrist revealed decreased range of motion, hypoesthesia of the upper extremity, and decrease in muscle strength. The treater is requesting a refill of medications including Fexmid 7.5 mg #120 with 2 refills, Norco 10/325 mg #60 with 3 refills, and Ultram ER #30 with 3 refills. Treater also recommends physical therapy once a week for 5 weeks for the lumbar and cervical spine, and urinalysis. Utilization review denied the requests on 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 mg #129 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on Muscle relaxants pages 63-64.

Decision rationale: This patient presents with continued low back and neck pain radiating into bilateral legs and arms. The treater is requesting a refill of Fexmid 7.5 mg #120 with 2 refills. The MTUS Chronic Pain Guidelines page 64 states, Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, the treater is prescribing this medication for long term use. The MTUS Chronic Pain Guidelines does not recommend long term use of muscle relaxants. As such, the request is not medically necessary and appropriate.

Norco 10/325mg #60 x3 refills: Upheld

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, pages 88-89.

Decision rationale: Page 78 of the MTUS Chronic Pain Guidelines 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. Furthermore, The 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The medical records provided for review indicates the patient has been taking Norco since July 2013. In this case, there are discussions regarding aberrant behavior such as a urine drug screen and no specific functional improvements to warrant the on-going use of opioids. As such, the request is not medically necessary and appropriate.

Ultram ER 150mg #30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, pages 88-89.

Decision rationale: This patient presents with continued low back and neck pain radiating into bilateral legs and arms. The treater is requesting Ultram ER #30 with 3 refills. The MTUS Chronic Pain Guidelines states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Medical records show the patient has been prescribed Ultram concurrently with Norco since at least July 2013. The treater does not separately mention what Tramadol is doing for this patient in terms of pain and function. It is unlikely that Tramadol is doing

anything for this patient given concurrent use of Norco. The MTUS Chronic Pain Guidelines require documentation of outcome measures and functional assessment for chronic opiate use and in this case such documentation is not provided for Ultram. As such, the request is not medically necessary and appropriate.

Physical Therapy 1x5 Lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on Physical Medicine pages 98-99.

Decision rationale: This patient presents with continued low back and neck pain radiating into bilateral legs and arms. The treater is requesting physical therapy sessions once a week for 5 weeks for the lumbar spine. The utilization review denied the request stating claimant's date of injury is more than 2 years old and it is presumed that prior conservative care has been provided in the form of an exercise program. For physical medicine, the MTUS Chronic Pain Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. In this case, the medical file provided for review does not document any previous physical therapy treatments. Given the patient's continued neck and low back pain with positive clinical findings, a short course of 5 sessions may be warranted. As such, the request is medically necessary and appropriate.

Physical Therapy 1x5 cervical spine: Overturned

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on Physical Medicine pages 98-99.

Decision rationale: This patient presents with continued low back and neck pain radiating into bilateral legs and arms. The treater is requesting physical therapy sessions once a week for 5 weeks for the cervical spine. The utilization review denied the request stating claimant's date of injury is more than 2 years old and it is presumed that prior conservative care has been provided in the form of an exercise program. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms, 9 to 10 sessions over 8 weeks. In this case, the medical file provided for review does not document any previous physical therapy treatments. Given the patient's continued neck and low back pain with positive clinical findings, a short course of 5 sessions may be warranted. As such, the request is medically necessary and appropriate.

Urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on Drug testing page 43 and the Official Disability Guidelines (ODG).

Decision rationale: This patient presents with continued low back and neck pain radiating into bilateral legs and arms. The treater is requesting a urinalysis to assess for the use or presence of illegal drugs. Utilization review denied the request stating that narcotic medications have been noncertified; therefore compliance monitoring is no longer required. The ODG recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low risk patients. Review of the progress report indicates the patient was administered urine drug screens (UDS) on 09/18/2013, 10/16/2013, 11/27/2013, and 12/16/2013. It appears the treater has provided monthly UDS in 2013. However, there is no indication the patient had a urine drug screen in 2014. ODG allows for yearly monitoring for low-risk patients. As such, the request is medically necessary and appropriate.