

Case Number:	CM14-0040402		
Date Assigned:	08/01/2014	Date of Injury:	07/31/2011
Decision Date:	08/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/07/2014

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 and is licensed to practice in Illinois. 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 46-year-old female who reported an injury on 07/31/2011. The diagnosis was lumbar intervertebral disc without myelopathy. The mechanism of injury was lifting heavy boxes. Prior treatments included physical therapy and chiropractic therapy and epidural steroid injection and sacroiliac joint block injections. The documentation of 02/27/2014 revealed the injured worker had low back pain and lumbar complaints. The injured worker was experiencing back stiffness, numbness in the bilateral legs, and radicular pain in the bilateral legs with weakness bilaterally. The documentation indicated the injured worker required an evaluation with a spinal surgeon as she had marked benefit with the use of SI joint injections and was potentially a candidate for surgical intervention. The documentation indicated the injured worker had benefit with medications and they increased her participation in routine activities of daily living without side effects or complications. The injured worker's current medications were noted to include Butrans 20 mcg per hour, Cymbalta 60 mg 1 at night, doss-relief sodium 250 mg 1 tablet twice daily, Flexeril 10 mg 1 every 12 hours, ibuprofen 800 mg 1 three times a day, Norco 10/325 one every 3 hours, nortriptyline 25 mg capsules 2 at bedtime, omeprazole capsules 1 twice a day, senna-gen tab 8.6 mg 1 every night, tums over-the-counter and Wellbutrin 100 mg tablets 1 three times a day. The physical examination revealed the injured worker had tenderness to palpation of the bilateral greater trochanter. The physical examination of the spine revealed pain with Valsalva, a positive FABER maneuver, and pain to palpation over L3-S1 facet capsules bilaterally, and secondary myofascial pain with triggering and ropey fibrotic banding. The injured worker had a straight leg raise that was positive on the bilateral sides at 45 degrees. There was radiating pain. The diagnoses included status post bilateral L5-S1 transforaminal epidural steroid injection, status post dorsal rami diagnostic block, insomnia secondary to the low back pain, constipation secondary to opiate use, and NSAID induced gastroesophageal

reflux disease. The treatment plan included a continuation of the medications. The documentation indicated the injured worker was utilizing the previously medications since at least 12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg/he patch #4 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 60; 78; 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and an objective decrease in pain and there should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least late 2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Butrans 20 mcg/he patch #4 with 3 refills is not medically necessary.

Evaluation with preferred orthopedic spine surgeon: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The ACOEM indicates a surgical consultation is appropriate and is indicated for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had both an MRI and an EMG. However, those were not provided for review to support the request. There was a lack of documentation indicating the injured worker had a failure of conservative treatments. Additionally, per the physician documentation the EMG indicated the injured worker had

unremarkable findings on 01/28/2013. Given the above, the request for evaluation with preferred orthopedic spine surgeon is not medically necessary.

Flexeril 10mg, #60 with 2 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 10/2013. There was a lack of documentation of objective functional benefit that was received. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg #60 with 2 refills is not medically necessary.

Norco 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 60; 78; 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 12/2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 #240 is not medically necessary.

Senna 8.6mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend when initiating opioid therapy there should be prophylactic treatment of constipation. The clinical documentation submitted for review indicated the injured worker had constipation. The injured worker was noted to be taking 2 medications to assist with constipation. However, there was a lack of documentation indicating the efficacy for the requested medication. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 12/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for senna 8.6 mg #30 is not medically necessary.

Wellbutrin 100mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker was utilizing 2 antidepressants. There was a lack of documentation of the above criteria. The documentation indicated the injured worker had utilized the medication since at least 12/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Wellbutrin 100 mg #90 is not medically necessary.