

Case Number:	CM14-0046516		
Date Assigned:	07/02/2014	Date of Injury:	08/26/2010
Decision Date:	08/28/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation, 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 injured worker is a 44-year-old male who reported injury on 08/26/2010. The injured worker underwent a lumbar interbody fusion from L4-5 in 05/2013. The medication history includes opiates, muscle relaxants and Anaprox since at least 09/2013. Prior treatments include a lumbar spine brace as well as physical therapy. The injured worker underwent an X-ray of the lumbar spine and an MRI of the lumbar spine. The documentation of 03/24/2014 revealed the injured worker had ongoing and debilitating pain in the low back. The injured worker indicated the oral analgesic medications including MS Contin and Norco, for breakthrough pain allowed the injured worker to participate in postoperative physical therapy. Physical examination revealed decreased range of motion and numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had increased muscle rigidity upon examination. The diagnoses included L4-5 (11 mm) paracentral disc extrusion with left lower extremity radiculopathy, left ankle instability, left ankle reconstruction x3, status post lumbar interbody fusion L3-4 and L4-5 on 05/14/2013, and medication induced gastritis. The treatment plan included a trial of a spinal cord stimulator, trigger point injections, and medications including Norco 10/325 mg, Anaprox DS 550 mg, Fexmid 7.5 mg for short-term use, and Prilosec 20 mg as well as MS Contin 15 mg and Topamax 50 mg 3 times a day. The documentation indicated the injured worker had utilized ongoing stretches, physical therapy, and muscle relaxants that had failed to control his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs (NSAIDs) for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 09/2013. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.

Norco 10/325 mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids; Therapeutic Trial of Opioids.

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

Decision rationale: 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 09/2013. 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 is not medically necessary.

FexMid 7.5 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: 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. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of objective functional benefit. Additionally, the documentation indicated the injured worker had utilized this classification of medication since at least 09/2013. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.