

Case Number:	CM14-0050657		
Date Assigned:	08/06/2014	Date of Injury:	11/21/2007
Decision Date:	09/10/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine and is licensed to practice in Arizona. 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 48 year-old female with a date of injury on 11/27/2007. Diagnoses include lumbar discogenic disease, lumbar radiculitis, right knee internal derangement, right shoulder girdle radicular pain, cervical discogenic disease, and right C6-7 radiculopathy. Subjective findings are of mainly unchanged chronic neck, shoulder, lumbar, and right knee pain. Medication is indicated as being helpful, but the pain is getting worse. Physical exam shows cervical spine spasm, tenderness, and decreased range of motion. There is facet tenderness and right sided weakness. Exam shows a positive Lasegue on the right and positive right straight leg raise test. The right knee shows a positive McMurray sign, patellar crepitation, and Apley grind test. The right shoulder revealed a positive impingement sign with limited range of motion. Medications include Norco, Norflex, Prilosec, and Restoril. Documentation also indicates that the patient had previously had a lumbar support, which is now worn out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation does not demonstrate pain relief, or increased functional ability. Furthermore, documentation is not present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Guidelines recommend discontinuation of opioids if there is no overall improvement in function, or continuing pain. Therefore, the request for Norco 10/325mg #180 is not medically necessary.

Norflex 100mg #30: 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): 63-66.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and that this patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Therefore, the requested Norflex is not consistent with guideline recommendations, and is not medically necessary.

Lumbar corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

Decision rationale: The ODG states that lumbar support may be recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. There is strong and consistent evidence that lumbar supports are not effective in preventing neck and back pain. For this patient, there is no evidence of a guideline indicated diagnosis for which a lumbar corset would be supported. Therefore, the medical necessity of a lumbar corset is not established.

Soft 3-foot Cervical Collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Collars (cervical).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Cervical Collars.

Decision rationale: The ODG states that cervical collars may be appropriate where post-operative and fracture indications exist. Guidelines indicate that in general cervical collars have been evaluated and found to be ineffective or minimally effective. Cervical collars have only shown effectiveness in the first few days following injury or acute exacerbations. The submitted documentation does not demonstrate indications that would support the use of a cervical collar. Therefore, the medical necessity of a cervical collar is not established.