

Case Number:	CM14-0062382		
Date Assigned:	07/11/2014	Date of Injury:	12/24/2008
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old male who reported an injury on 12/24/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 04/18/2014 indicated diagnoses of multilevel lumbar disc degeneration, most severe at L4-5 with a 4 to 5 mm disc protrusion and severe bilateral foraminal narrowing; at the L5-S1 level, a 6 mm right paracentral disc extrusion with moderate to severe left and severe right foraminal narrowing status post an L4-5 and L5-S1 laminectomy dated from 08/2009; a right L5-S1 acute radiculopathy and left L5-S1 nerve root involvement per an EMG/NCV study dated 07/07/2011 as well as a history of neurogenic bladder status post urologic surgery and a history of depression. The injured worker received a right L5-S1 epidural steroid injection under fluoroscopy dated 03/27/2014. The injured worker reported 80% pain relief from the injection. Since the epidural injection, the injured worker had significant pain relief in the lower extremities and also a reduction of pain to the low back. Since the injection, the injured worker had discontinued Norco. The injured worker reported that he was able to stand for longer periods of time, and range of motion, particularly flexion, had improved significantly. He had increased his activity and tolerated and enjoyed a bit of gardening over the weekend. He had noted increased nocturnal leg cramps, particularly at night, since the injection. The injured worker reported low back pain, less since the epidural injection. He reported that he had experienced severe radicular pain the right lower extremity. He reported cramping in the lower extremities and had an increased sense to epidural injections, described as muscle spasms that affected both calves, especially at night. The injured worker rated his pain at 2- 3/10 with the use of medications after the epidural steroid injection. The injured worker reported that he had benefited from the epidural injection and medications. The injured worker reported that since

the epidural injection, he had the ability to stand for longer periods of time and had improvement with range of motion and activities over the last few weeks. Physical examination of the lumbar spine revealed bilateral lumbar paraspinous tenderness with 1+ palpable muscle spasms present. Lumbar range of motion revealed flexion of 50 degrees, extension of 15 degrees, right lateral flexion of 20 degrees and left lateral flexion of 20 degrees. Sensory exam revealed less hypesthesia in the right L5-S1 dermatome. The injured worker's prior treatments included diagnostic imaging, surgery, medication management and physical therapy. The injured worker's medication regimen included Cymbalta, ibuprofen and ranitidine. The injured worker discontinued Norco. The injured worker's treatment plan included a trial of tizanidine, and the injured worker had also discontinued the stool softener for constipation secondary to Norco use. The provider submitted a request for Norco and docusate sodium/senna Laxacin. A Request for Authorization was not submitted for review, to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 capsules of Docusate Sodium/Senna (Laxacin): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Initiating therapy Page(s): 77.

Decision rationale: The request for 200 capsules of Docusate Sodium/Senna (Laxacin) is non-certified. As the physician has discontinued the docusate sodium/senna due to discontinuing the Norco, it is not medically necessary or indicated at that time. Therefore, the request is non-certified.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. As the records indicate that the physician has discontinued Norco, it is not indicated at this time and would not be medically necessary. The request for Norco 10/325mg, #60 is non-certified.