

Case Number:	CM14-0077252		
Date Assigned:	07/18/2014	Date of Injury:	10/02/1993
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/27/2014

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 66-year-old male who reported an injury on 10/02/1993. The mechanism of injury was not stated. The current diagnoses include lumbar facet arthropathy, lumbar disc syndrome, acute muscle spasm, history of lumbar radiculopathy, myofascial pain, opioid dependency, and status post left knee arthroscopy. It is noted that the injured worker has been previously treated with medication and epidural steroid injections. The injured worker was evaluated on 04/23/2014 with complaints of ongoing lumbar pain. The current medication regimen includes Norco 10/325 mg, Neurontin, Flexeril 7.5 mg, and Naprosyn. Physical examination revealed limited lumbar range of motion, moderate tenderness in the midline lumbar spine, moderate muscle spasm in the bilateral paralumbar musculature, positive straight leg raising on the left, and decreased sensation in the left L5 nerve root distribution. Treatment recommendations at that time included a re-evaluation by the spine surgeon and continuation of the current medication regimen. A Request for Authorization form was then submitted on 04/23/2014 for Norco, Neurontin, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 11/2013 without any evidence of objective functional improvement. The injured worker continues to report ongoing lower back pain with activity limitation. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flexeril 7.5mg:

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 Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized this medication since 01/2014 without any evidence of objective functional improvement. The injured worker continues to demonstrate moderate muscle spasm in the bilateral paralumbar musculature. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

Re-evaluation with spine surgeon (late appeal): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. As per the documentation submitted, the injured worker has been previously treated with a lumbar epidural steroid injection. However, there were no progressive neurologic findings or red flags for serious spinal pathology documented on the requesting date. There is no mention of a previous surgical plan or an acute injury. The medical necessity has not been established. As such, the request is not medically necessary.