

Case Number:	CM14-0079775		
Date Assigned:	07/18/2014	Date of Injury:	11/10/2006
Decision Date:	09/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine 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:

This is a 53-year-old female employee with a date of injury on 11/1/2006. A review of the medical records indicates the patient is undergoing treatment for neck sprain, low back pain, and knee pain. Subjective complaints (7/23/2014) of low back pain with radiation and paresthesia to bilateral knees, fatigue/weakness to legs with prolonged weight bearing, right knee pain with popping. Objective findings (7/23/2014) include tenderness to palpation of lumbar spine, positive straight leg test (right), lumbar range of motion (flexion 30 degrees, extension 10 degrees, left side bending 13 degrees), decreased sensation to right L4-S1 dermatomes, tenderness to palpation of medial joint line to right knee, positive crepitus, positive McMurray's test and right knee range of motion (130 degree flexion, 0 degree extension). Treatment has included physical therapy (2 sessions), Prilosec, Ultram, Prozac, Norco (since at least 3/2014), Fluoxetine, and Gabapentin. A utilization review dated 5/28/2014 made the following determinations: non-certified Flexmed 7.5mg #60 due to lack of documented improvement during trial; non-certified magnetic resonance imaging (MRI) of the lumbar spine due to lack of findings warranting repeat MRI; non-certified magnetic resonance imaging (MRI) of the right knee lack of documented conservative treatment results; and modified Norco 10/325mg #45 (original request #60) due to lack of documented improvement during trial and weaning recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexmed 7.5mg #60: 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 Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42,60-61,64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. Specifically, the treating physician does not detail the record of pain and function. ODG states regarding Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with Cyclobenzaprine, which ODG recommends against. As such, the request for Flexmed 7.5mg #60 is not medically necessary.

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG

states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any major risk factors and red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. The treating physician notes that two physical therapy sessions were completed and advanced on towards home exercises. The medical records do not indicate the results of the second and final physical therapy session in which the employee had completed physical therapy, which is important to determine the level of success of the conservative treatment per guidelines. As such, the request for MRI lumbar spine is not medically necessary at this time.

Magnetic Resonance Imaging (MRI) of the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Postsurgical Treatment Guidelines.

Decision rationale: ACOEM recommends a knee "MRI study to determine extent of ACL tear preoperatively" and does not recommend knee "MRI for ligament collateral tears". Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended by the ODG. Medical records do not indicate the results of the knee x-ray, which is required in non-traumatic knee MRI pain evaluation prior to MRIs. Physical exams indicate tenderness to palpation, but the treating physician does not explain what findings of the knee warrant MRI. As such, the request for Magnetic Resonance Imaging (MRI) of the right knee is not medically necessary at this time.

Norco 10/325mg #60: 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 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: The ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life, which is necessary for continued opioid usage in excess of the recommended guidelines. As such, the request for Norco 10/325 mg #60 is not medically necessary.