

Case Number:	CM14-0080713		
Date Assigned:	07/28/2014	Date of Injury:	06/16/2013
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 51-year-old male who sustained work-related injuries on June 16, 2013. His mechanism of injury was a slip and fall accident. Prior treatments include emergency room visits, x rays, physical therapy, medications (including Robaxin, Dilaudid, Naprosyn, Flexeril, Vicodin, and Nortriptyline) and urine dipstick test. A magnetic resonance imaging scan of the lumbar spine without contrast performed on February 17, 2014 showed (a) mild degenerative arthritis centered at L4-5 and L5-S1 levels; (b) moderate spinal canal stenosis and bilateral neural foraminal stenosis at L4-5 level; and (c) left severe and right moderate neural foraminal stenosis at L5-S1 level. On May 9, 2014, he underwent L5-S1 interlaminar catheter-based epidural injection under fluoroscopy and epidurogram. May 20, 2014 medical records documents that he had his second epidural steroid injection on May 9, 2014 which provided some initial relief but now has more pain than prior to injection. He continued to have burning sensation to his left and some weakness in his left foot. He also has tightness and cramping sensation to the central low back. He reported some referred pain to the buttocks and posterior thigh. He is currently taking occasional Vicodin for pain and tramadol. He reported that he is weaning off from these at a fairly consistent basis. On examination, he has moderate tenderness over the paraspinous muscles of the lumbar spine at L4-L5 and L5-S1. Increased pain was noted over the left sciatic notch. Mild pain was elicited with straight leg raising test on the left side. He has minimal weakness with plantar and dorsiflexion. Some minimal foot drop was noted. He has increased pain with flexion at extension at 60 degrees. Per records dated June 14, 2014, the injured worker reported that overall, he felt that he still was having some improvement from epidural injection which he received in May 2014 although some of the pain were starting to come back. He stated that his medication did not help. He reported moderate pain which occurred all the time and was unable to work and was totally disabled by pain. He rated his neck pain at 3/10, low back pain at

4/10 and mid back pain at 3/10. Bending, lifting, twisting, prolonged sitting, getting in or out of cars and chairs, and walking exacerbate his pain. He was diagnosed with (a) L4-S1 disc herniations, (b) L4-S1 bilateral foraminal stenosis and nerve compression, and (c) marked back pain and leg radiculopathies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Evidence-based guidelines indicate that opioids are not recommended in chronic term use; however, if it is to be utilized for long-term usage criteria were made and need to be met in order to continue with medical management using opioids. Evidence guidelines indicate that there should be documentation of one provider providing the prescription of opioids, the lowest dosage should be provided and documented, there should be documentation of a decrease in pain levels and significant functional improvements, documentation of the duration of pain relief secondary to opioid usage, documentation of urine drug screening test, and documentation of possible abuse or aberrant behavior secondary to opioid usage. In this case, review of this injured worker's records indicates that he has been utilizing opioids and other medications in the long-term. More specifically, most recent medical records dated June 14, 2014 indicate that the injured worker stated that his medications were not helping. There is no documentation of decrease in pain levels and significant functional improvements, as well as documentation of urine drug screening test done. In addition, he has not been able to return to work. This medication is also indicated to address any breakthrough pain or flare-ups, however, there is no documentation that he is experience such events. Based on these reasons, the medical necessity of the requested Norco 10/325 milligrams #60 is not established.

Ultram ER 150 MG # 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): 76-80.

Decision rationale: Evidence-based guidelines indicate that opioids are not recommended in the chronic term however if it is to be utilized for long-term usage criteria were made and is needed to be met in order to continue with medical management using opioids. Evidence guidelines indicate that there should be documentation of one provider providing the prescription of opioids, the lowest dosage should be provided and documented, there should be documentation

of a decrease in pain levels and significant functional improvements, documentation of the duration of pain relief secondary to opioid usage, documentation of urine drug screening test, and documentation of possible abuse or aberrant behavior secondary to opioid usage. In this case, review of this injured worker's records indicates that he has been utilizing opioids and other medications in the long-term. More specifically, most recent medical records dated June 14, 2014 indicate that the injured worker stated that his medications were not helping. There is no documentation of decrease in pain levels and significant functional improvements as well as documentation of urine drug screening test done. In addition, he has not been able to return to work. Based on these reasons, the medical necessity of the requested Ultram extended release 150 milligrams #60 is not established.

Flexeril 7.5 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

Decision rationale: Evidence-based guidelines indicate that non-sedating muscle relaxants can be recommended but with caution as a second-line option for short-term treatment of acute exacerbations in injured worker's with chronic low back pain. More specifically, guidelines indicate that Cyclobenzaprine (Flexeril) is recommended only for a short course of therapy. Review of this injured worker's records indicate that he has been utilizing this medication in the long term and most recent records do not indicate an acute exacerbations of his pain. Therefore, the medical necessity of the requested Flexeril 7.5 milligrams #60 is not established.