

Case Number:	CM14-0081056		
Date Assigned:	07/16/2014	Date of Injury:	07/12/1989
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice Texas. 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 injured on 07/12/89 when attempting to remove a 70 pound wooden box filled with chains and tools from low compartment when he felt sharp left sided low back pain. Diagnoses included lumbar or lumbosacral disc degeneration, lumbosacral spine spondylosis without myelopathy, chronic pain syndrome, myalgia, and myositis, long term use of medication, and sleep disturbance. Past surgical history included cervical fusion and lumbar laminectomy and/or discectomy. Clinical note dated 06/06/14 indicated the injured worker presented complaining of diffuse neck pain, low back pain, and bilateral lower extremities pain. The injured worker described the pain as aching and stabbing sensation exacerbated by periods of increased activity and ambulation partially relieved by analgesic medication and various types of injection therapy. The injured worker reported increase ability to perform activities of daily living while receiving current treatment and inability to do anything due to worsening pain due to lack of access to care as a result of denial of medication. Provider recommended caudal Epidural Steroid Injection due to L5 radiculitis. The injured worker complained of pain and numbness down the lateral leg from the buttock. Physical examination revealed mildly antalgic gait, prominent areas of tenderness to palpation in the region concordant with described area of pain, deep palpation resulted in distal radiation of pain, globally and regionally reduced range of motion, normal stability in joints, muscle strength reduced in plantar flexor muscles, inability to toe and heel walk, soft dysfunction and spasm in the suprascapular, lumbar paraspinal, and gluteal region, straight leg raise produced radicular symptoms, and lateral rotation and extension of the spine produced concordant pain in the affected area. Further evaluation revealed normal coordination, Romberg test normal, deep tendon reflexes decreased in the Achilles, sensation dysesthetic throughout the affected area, decreased sensation along the right posterior and lateral leg, and frustrated mood due to ongoing chronic pain. Medications

included Lansoprazole 30mg q am, Ibuprofen 600mg tid prn, Orphenadrine ER 100mg q am, Norco 10-325mg one to two qd prn, Atenolol 100mg, Benadryl 25mg, and Lisinopril. Prescriptions provided for Nabumetone 500mg bid prn and Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right L2 and L3 Medial Branch Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM Low Back Disorders section, Diagnostic Facet Injections are not recommended for acute or subacute Low Back Pain or radicular pain syndromes. The injured worker exhibits objective findings significant for radicular pathology. As such, the request for Outpatient Right L2 and L3 Medial Branch Block cannot be recommended as medically necessary at this time.

Norco 10/325mg qty: 60.00 with 3 refills: Upheld

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

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

Decision rationale: The request for Hydrocodone/Acetaminophen 2.5/325mg qty: 90.00 with 3 refills fulfill the need for opioid therapy. As such, the prescription for Norco 10/325mg would result in a redundancy in medication administration. Therefore, the request for Norco 10/325mg qty: 60.00 with 3 refills cannot be recommended as medically necessary at this time.

Hydrocodone/Acetaminophen 2.5/325mg qty: 90.00 with 3 refills: Overturned

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or

diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Hydrocodone/Acetaminophen 2.5/325mg qty: 90.00 with 3 refills is recommended as medically necessary at this time.

Ibuprofen 600 mg qty: 90.00 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after Acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than Acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Ibuprofen 600 mg qty: 90.00 with 3 refills cannot be established as medically necessary.

Orphenadrine ER 100mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Orphenadrine ER 100mg with 3 refills cannot be established at this time.