

<b>Case Number:</b>	CM14-0190920		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/06/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Emergency 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 st

### 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 23-year-old male who reported an injury on 09/06/2014. The mechanism of injury was a fall. His diagnoses included lumbosacral sprain/strain with radiculopathy in the right lower extremity. His past treatment included physical therapy. The diagnostic studies included x-rays of the lumbar spine, performed on 09/08/2014, which revealed no significant findings and he was diagnosed with lumbar sprain. His surgical history was not provided within the documentation. On 09/08/2014, the injured worker was prescribed Norco, Ibuprofen, and Flexeril. He later reported gastric upset with Ibuprofen, constipation with Flexeril, and pain relief with Norco. During a follow-up visit on 10/10/2014, the injured worker was noted to be taking an unspecified "pain killer," muscle relaxer, and oral steroids. On 11/05/2014, the injured worker presented with ongoing low back pain that did not radiate down into his legs. The objective findings revealed right sided tenderness to palpation of the L2 to L5 with notable muscle spasm. He had decreased range of motion in his lumbar spine and a right-sided limp. His motor strength, deep tendon reflexes, and sensation were grossly intact with no evidence of muscle atrophy. He was also noted to have a right straight leg raise of 60 degrees and left straight leg raise of 80 degrees. Current medications were noted to include Norco and Cyclobenzaprine. The treatment plan was noted to include obtaining an authorization for an MRI of the lumbar spine, additional visits of physical therapy, and medication refills for Norco and Cyclobenzaprine. The rationale for the request was to explore the causative factors of the injured worker's low back pain by obtaining an MRI and the X-rays would be used for further evaluation. A rationale was not provided for Norco, Prednisone, or Cyclobenzaprine. The Request for Authorization form was submitted for review on 11/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for 1 MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines recommend imaging of the lumbar spine when there are unequivocal objective findings that identify specific nerve compromise upon neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Additionally, the guidelines recommend imaging for further evaluation when there is physiologic evidence indicating tissue insult or nerve impairment. On 11/05/2014, the injured worker presented with low back pain that did not radiate down into his legs. The objective findings revealed decreased lumbar spine range of motion with muscle spasm, and intact strength, deep tendon reflexes, and sensation. Although he was noted to have decreased range of motion of the lumbar spine with notable muscle spasm, there was a lack of unequivocal objective findings that identify specific nerve compromise upon neurologic examination, or physiologic evidence indicating tissue insult or nerve impairment to warrant an MRI of the lumbar spine. Moreover, the lumbar spine x-rays in 09/2014 did not reveal any significant findings. Therefore, in the absence of this documentation, the request is not supported by the evidence-based guidelines. As such, the request for 1 MRI of the lumbar spine is not medically necessary.

**1 prescription of Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for 1 prescription of Norco 10/325 mg #60 is not medically necessary. The California MTUS/ACOEM Guidelines recommend documented monitoring for ongoing use of opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The medical records indicated the injured worker was taking Norco in 09/2014. However, there was a lack of documentation to show quantified pain relief, an assessment for side effects, significant objective functional improvement, or a urine drug screen to monitor for medication compliance and illicit drug use. Additionally, the request failed to indicate the frequency in which the medication was prescribed. Therefore, in the absence of this documentation, the request for 1 prescription of Norco 10/325 mg #60 is not medically necessary.

**1 prescription of Prednisone 5mg #21: 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): 308.

**Decision rationale:** The request for 1 prescription of prednisone 5 mg #21 is not medically necessary. The California MTUS/ACOEM Guidelines do not recommend oral corticosteroids for acute, subacute, or chronic lumbar spine disorders. However, the guidelines recommend oral corticosteroids in limited circumstances for acute radicular pain in patients who have objective findings of clear-cut signs and symptoms of radiculopathy. The guidelines do not recommend the use of this medication for acute non-radicular pain. During the 11/2014 clinical visit, the injured worker denied radiating pain into the bilateral lower extremities. Additionally, there were the objective findings revealed his strength, deep tendon reflexes and sensation to be intact. Furthermore, the request failed to indicate the frequency in which the medication was prescribed. Therefore, the request is not supported by the evidence based guidelines. As such, the request for 1 prescription of Prednisone 5 mg #21 is not medically necessary.

**1 prescription of Cyclobenzaprine 7.5mg #90: 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): 299.

**Decision rationale:** The request for 1 prescription of Cyclobenzaprine 7.5 mg #90 is not medically necessary. The California MTUS/ACOEM Guidelines recommend short term use of muscle relaxants for acute spasms, not to exceed 2 to 3 weeks. The injured worker received a refill for Cyclobenzaprine in 11/2014, which suggests he was taking this medication prior to the clinical visit. There was a lack of documentation to show the duration in which the medication was taken, objective pain relief, or objective function improvement. Additionally, the request failed to indicate the frequency in which the medication was prescribed. Therefore, the request is not supported by the evidence based guidelines. As such, the request for 1 prescription of Cyclobenzaprine 7.5 mg #90 is not medically necessary.

**Unknown X-Rays: 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): 303.

**Decision rationale:** The request for unknown x-rays is not medically necessary. The California MTUS/ACOEM Guidelines do not recommend lumbar spine radiographs in patients with low back pain in the absence of red flags for serious spinal pathology. The X-rays of the lumbar spine, performed in 09/2014, revealed no significant findings. Upon physical examination on 11/05/2014, he was noted to have right-sided tenderness at the L2-L5 with muscle spasm. However, there were no objective findings to demonstrate a significant change in signs and symptoms, or the emergence of a red flag for serious spinal pathology to justify a repeat x-rays of the lumbar spine. Therefore, the request is not supported by the evidence based guidelines. As such, the request for unknown X-rays is not medically necessary.