MAXIMUS Federal Services

Case Number:	CM14-0192510		
Date Assigned:	11/26/2014	Date of Injury:	08/05/2014
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	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 Family Practice 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 55 year old female patient who sustained a work related injury on 8/5/14. Patient sustained the injury due to slip and fall incident. The current diagnoses include sprain of the lumbar region and Grade I mobile spondylolisthesis L5-S1 with bilateral L5 spondylosis. Per the doctor's note dated10/13/14, patient has complaints of low back pain at 6/10 without medications and 2/10 with medications. Physical examination revealed 20% loss of ROM of lumbar spine, lumbar spasm and tenderness. Per the doctor's note dated 10/28/14 patient had complaints of pain in the low back and pelvic region without radiation of pain at 7/10. Physical examination revealed Stow, guarded, painful gait, tenderness on palpation, limited range of motion, 4/5 strength and normal sensation. The current medication lists include Naproxen, Tramadol, Etodolac, and Muscle relaxant. The patient has had X-ray and MRI of the low back that revealed Grade I mobile spondylolisthesis L5-S1 with bilateral L5 spondylosis. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has had drug screen full panel on 10/13/14 that was positive for methamphetamines. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

QW drug screen full panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The patient has had drug screen full panel on 10/13/14 that was positive for methamphetamines The rationale for repeating drug screen full panel was not specified in the records provided The current medication lists include Naproxen, Tramadol, Etodolac, and Muscle relaxantWhether patient is taking any opioid medication or not is not specified in the records provided.Any history of substance abuse was not specified in the records provided.The medical necessity of the request for QW drug screen full panel is not fully established in this patient.

Anaprox-DS Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Naproxen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs).According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)."Patient sustained the injury due to slip and fall incident The current diagnoses include sprain of the lumbar region and Grade I mobile spondylolisthesis L5-S1 with bilateral L5 spondylosisPer the doctor's note dated 10/13/14, patient has complaints of low back pain at 6/10 without medications and 2/10 with medicationsPhysical examination revealed 20% loss of ROM of lumbar spine, lumbar spasm and tendernessPer the doctor's note dated 10/28/14 patient had complaints of pain in the low back and pelvic region without radiation of pain at 7/10Physical examination revealed slow, guarded, painful gait, tenderness on palpation, limited range of motion, 4/5 strength and normal sensation The patient has had X-ray and MRI of the low back that revealed Grade I mobile spondylolisthesis L5-S1 with bilateral L5 spondylosisThe patient has significant objective findings. NSAIDS like naproxen are first line treatments to reduce pain. Anaprox-DS Naproxen Sodium 550mg #90use is deemed medically appropriate and necessary in this patient.

Fexmid-Cyclobenzparine 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); NSAIDs, GI symptoms & cardiovascular risk Page(s): 41-42; 68-69.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." Patient sustained the injury due to slip and fall incident The current diagnoses include sprain of the lumbar region and Grade I mobile spondylolisthesis L5-S1 with bilateral L5 spondylosisPer the doctor's note dated 10/13/14, patient has complaints of low back pain at 6/10 without medications and 2/10 with medicationsPhysical examination revealed 20% loss of ROM of lumbar spine, lumbar spasm and tendernessPer the doctor's note dated 10/28/14 patient had complaints of pain in the low back and pelvic region without radiation of pain at 7/10Physical examination revealed slow, guarded, painful gait, tenderness on palpation, limited range of motion, 4/5 strength and normal sensation The patient has had X-ray and MRI of the low back that revealed Grade I mobile spondylolisthesis L5-S1 with bilateral L5 spondylosisThe patient has had significant objective findings. The patient also has evidence of muscle spasmsTherefore with this, it is deemed that, the use of Fexmid-Cyclobenzparine 7.5mg #60 is medically appropriate and necessary in this patient.