

Case Number:	CM14-0197129		
Date Assigned:	12/16/2014	Date of Injury:	02/07/2010
Decision Date:	10/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 58 year old male, who sustained an industrial-work injury on 2-7-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar stenosis, lumbar radiculopathy, failed lumbar back surgery syndrome and opioid dependence. Medical records dated (6-6-14 to 10-21-14) indicate that the injured worker complains of low back pain that radiates down the right leg and right knee pain. The pain is rated 2-10 out of 10 on the pain scale. The medical record dated most recent 10-21-14 the physician indicates that "he continues to do poorly and the Magnetic Resonance Imaging (MRI) is still not authorized." The physician indicates that the pain is constant and the injured worker has gained 16 pounds due to decreased function and pain. The injured worker reports dizziness, anxiety and insomnia. The medical records also indicate worsening of the activities of daily living and the injured worker has had to stop exercising due to the pain. The physical exam dated from (6-6-14 to 10-21-14) reveals positive tenderness to palpation in the lumbar area, decreased lumbar range of motion with extension, right lumbar radicular signs and positive right straight leg raise. Treatment to date has included pain medications, Oxymorphone and Robaxin since at least 6-6-14, surgery, activity modifications, ice-heat, transcutaneous electrical nerve stimulation (TENS), chiropractic, and other modalities. The treating physician indicates that the urine drug test result that was most recently done was consistent with the medication prescribed. The medical record dated 7-24-14 the physician indicates that the computerized axial tomography (CT scan) of the lumbar spine indicates, "Facet spondylosis is present and metallic spinous process spacers are seen." The EMG-NCV (electromyography and nerve conduction

velocity) testing was performed on the lower extremities on 9-11-14 that reveals evidence of bilateral peroneal sensory neuropathics. The original Utilization review dated 11-12-14 denied a request for Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast as no new red flag findings are noted, modified a request for Oxymorphone 10mg #180 modified to Oxymorphone 10mg #120 for weaning, and denied a request for Robaxin Refill as there is no documented benefit of the medication to the injured worker in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are opiate type dependence; pain in joint; lumbosacral spondylosis; lumbalgia; pain in thoracic; spinal stenosis; post laminectomy syndrome. Date of injury is February 7, 2010. Request for authorization is November 3, 2014. According to progress note dated June 6, 2014 current medications included oxymorphone and Robaxin. According to a December 9, 2014 progress note, the injured worker's subjective complaints included on going back pain with radiation to the right leg. A qualified medical examination (QME) recommended MRI evaluation of the low back. Pain scale is 5/10. Objectively, there was tenderness palpation over the paraspinal muscle groups. There was decreased sensation at the right anterior tibialis. The neurologic evaluation was otherwise unremarkable. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination sufficient to warrant imaging in patients not responding to treatment. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, an unremarkable neurologic evaluation and no unequivocal objective findings that identify specific nerve compromise on the neurologic examination sufficient to warrant imaging, MRI of the lumbar spine without contrast is not medically necessary.

Oxymorphone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxymorphone 10 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are opiate type dependence; pain in joint; lumbosacral spondylosis; lumbalgia; pain in thoracic; spinal stenosis; post laminectomy syndrome. Date of injury is February 7, 2010. Request for authorization is November 3, 2014. According to progress note dated June 6, 2014 current medications included Oxymorphone and Robaxin. According to a December 9, 2014 progress note, the injured worker's subjective complaints included on going back pain with radiation to the right leg. A qualified medical examination (QME) recommended MRI evaluation of the low back. Pain scale is 5/10. Objectively, there was tenderness palpation over the paraspinal muscle groups. There was decreased sensation at the right anterior tibialis. The neurologic evaluation was otherwise unremarkable. There was no documentation demonstrating objective optional improvements to support ongoing Oxymorphone. There are no detailed pain assessments or risk assessments. There is no attempt at weaning Oxymorphone. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempted weaning, Oxymorphone 10 mg #180 is not medically necessary.

Robaxin Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin refill is not medically necessary. Muscle relaxants are

recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are opiate type dependence; pain in joint; lumbosacral spondylosis; lumbalgia; pain in thoracic; spinal stenosis; post laminectomy syndrome. Date of injury is February 7, 2010. Request for authorization is November 3, 2014. According to progress note dated June 6, 2014 current medications included Oxymorphone and Robaxin. According to a December 9, 2014 progress note, the injured worker's subjective complaints included on going back pain with radiation to the right leg. A qualified medical examination (QME) recommended MRI evaluation of the low back. Pain scale is 5/10. Objectively, there was tenderness palpation over the paraspinal muscle groups. There was decreased sensation at the right anterior tibialis. The neurologic evaluation was otherwise unremarkable. There was no documentation demonstrating objective optional improvements to support ongoing Robaxin. Robaxin is a muscle relaxant. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider in excess of six months prescribed Robaxin. The guidelines recommend short-term treatment (less than two weeks). There are no compelling clinical facts to support the ongoing use of Robaxin. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, treatment continued in excess of the recommended guidelines for short-term use and no attempted weaning of Robaxin, Robaxin refill is not medically necessary.