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| Case Number: | CM14-0208664 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 07/11/2000 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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, has a subspecialty in ENTER SUBSPECIALTY 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 71 year old male claimant sustained a work injury on July 11, 2000 involving the lumbar spine. He was diagnosed with lumbar stenosis, herniated nucleus pulposus disc disease. He underwent a lumbar laminectomy, microdiscectomy, decompression and foraminotomy in 2005. A CT of the lumbar spine 2007 showed facet hypertrophy. An MRI of the lumbar spine in 2010 showed degenerative loss from L3 to S1 and disc bulging. Flexion and extension x-rays of the lumbar spine previously also showed degenerative changes. He had undergone a spinal fusion in 2012 and 12 with 85% improvement. A progress note on November 18, 2014 indicated persistent 6/10 low back pain and numbness in the legs. He had been on Norco and Colace. There were no gastrointestinal issues of the time. Exam findings were notable for myofascial pain and trigger points in the lumbar spine. The Faber, Gainslen and Patrick's test were positive. The physician requested additional flexion/extension x-rays of the lumbar spine, an orthopedic consultation, and continuation of Cymbalta and Lyrica for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with Orthopedic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, specialist and pg 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case the claimant already had surgery. The diagnoses were no longer complex and there were no psychosocial issues at this time. The request for orthopedic consultation was not justified and therefore not likely necessary.

Cymbalta 30mg QTY: 30 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 Cymbalta Page(s): 13-14.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. The continued use is not supported by any evidence and is not medically necessary.

Colace 250mg QTY: 60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on Colace for months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. Continued use of Colace is not medically necessary.

Lyrica 50mg QTY: 180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica
Page(s): 19.

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use and the Lyrica is not medically necessary.

Flexion / extension x-rays of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to the guidelines and x-rays recommended when there are red flags for fracture present. In this case, there were previous x-rays, CT scans and MRIs performed. There was no recent injury. The request for additional x-rays of the lumbar spine is not medically necessary.