

<b>Case Number:</b>	CM14-0024647		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/16/2010
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 patient is a 40 year old female with a work injury dated 4/16/10 . She is status post L4-5 and L5-S1 fusion on 5/29/13. Under consideration are requests for outpatient x-rays of the lumbar spine, Urine drug test for medication compliance, Robaxin 750mg quantity 60. A 1/7/14 document states that the patient is on Fluriflex, Tramadol per one physician and Robaxin per another physician. Her low back feels better since last visit. Her pain is 4-5/10. An 11/28/13 progress note indicates that the patient complains of 3/10 pain with spasms. She notes soreness to the bilateral buttocks. In addition, she states she is doing well. Her current medications are Robaxin and topical medications. She is to start PT today. X-rays taken on this date revealed "screws in place." On exam there is tenderness to palpation anteriorly and posteriorly. Gross neurological testing is intact in the lower extremities. The treatment plan includes an xray next visit; a urine drug test next visit; a prescription of Robaxin. A 10/22/13 secondary treating physician progress report with request for authorization reveals that the patient has intermittent low back pain and occasional bilateral buttock pain. Her low back pain feels better since last visit. Her current meds are Relafen, omeprazole, topical medications. Exam findings are identical to 9/17/13 exam. Radiographic lumbar spine x-rays 2 views taken this date revealed solid fusion. The treatment plan includes start PT for the lumbar spine, urine drug test, x-rays taken on the next visit. A 9/17/13 progress note indicates that the patient has intermittent low back pain with radiation to the buttocks. She states that her back pain remains the same since last visit. Her current medications are Robaxin, Prilosec and Lortab. She is not currently attending PT. Exam reveals tenderness to palpation anteriorly and posteriorly. The straight leg raise and tension signs

are negative. Gross neurological testing of the lower extremities is intact. X-rays were taken and reveal the patient is progressing well post operatively. The treatment plan is scheduled endoscopy for 10/8/13; she will also under go lumbar xrays next visit. There is a 5/28/13 office visit which states that the patient presents for surgical clearance for back surgery scheduled on 5/29/13. She is taking Tramadol with intermediate relief. The treatment plan included Tramadol 50mg. There is a 2/24/12 progress note that states that the patient has a herniated disc in the lumbar spine, low back pain and right lower extremity radiculitis. There is a request for authorization for lumbar epidural injections . There is authorization requestes for Anaprox, Omeprazole, Odansetron.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Outpatient X-Rays of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography(x-rays).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back.

**Decision rationale:** X-ray lumbar spine, AP lateral with flexion and extension views is not medically necessary per the MTUS and the ODG guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG states that Radiography (x-rays) should be reserved for trauma, myelopathy or progressive neurological deficit, red flag diagnoses, age over 70, steroids or osteoporosis. The documentation does not indicate that the patient meets these criteria. There are no red flag physical exam findings. The request for X-ray lumbar spine, AP lateral with flexion and extension views is not medically necessary.

#### **Urine Drug Test for medication compliance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43 & 76-77.

**Decision rationale:** Urine drug test for medication compliance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend random urine drug testing for compliance with opiod prescribing and to check for illegal drugs. On the

11/28/13 office visit there is no mention of patient taking opioid medications therefore the urine drug test is not medically necessary.

**Robaxin 750mg quantity sixty (60): Upheld**

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

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

**Decision rationale:** Robaxin 750mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation indicates that the patient has been on Robaxin. The documentation indicates that the patient has chronic pain (not an acute exacerbation). The documentation does not support the medical necessity of continued Robaxin use. Therefore the request is not medically necessary.