

Case Number:	CM14-0065771		
Date Assigned:	07/11/2014	Date of Injury:	03/22/2013
Decision Date:	02/05/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/08/2014

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 Physical Medicine Rehab 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:

The patient is a 67 year old male with date of injury 03/22/13. The AME physician report dated 02/05/14 indicates that the patient presents with pain affecting the lower back which radiates into the bilateral buttocks, legs, and knees which is associated with numbness and tingling and pain in the neck which radiates into the right shoulder (18-19). The physical examination findings reveal that the patient walks with a limp and uses a cane in his right hand, is tender to palpation in the low back, has decreased sensation to light touch in the left foot/leg, range of motion tests in the lumbar spine reveal extension of 20 degrees and rotation to the right and left was 30 degrees and with pain. Prior treatment history includes medication, physical therapy, and acupuncture. MRI findings from 07/05/13 reveal moderate to severe central stenosis at L2-3 with moderate bilateral foraminal stenosis, L4-5 grade 1 spondylolisthesis is present with moderate to severe central stenosis, bilateral lateral recess stenosis is noted with severe bilateral foraminal stenosis, and L5-S1 disc bulge is noted but without significant neurologic impingement with moderate to severe bilateral foraminal stenosis being noted. The current diagnoses are: 1. Spinal Stenosis L4-5, with radiculopathy 2. Lumbar instability The utilization review report dated 04/10/14 denied the request for Doral Quazepam 15mg #30, Ultram Tramadol HCL ER 150mg #60, Norflex Orphenadrine 100mg #60, and Menthoderm Ointment 120ml based on insignificant medical rationale and guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral Quazepam 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter - Insomnia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: The patient presents with pain affecting the lower back which radiates into bilateral buttocks, legs, and knees which is associated with numbness and tingling and pain in the neck which radiates into the right shoulder. The current request is for Doral Quazepam 15mg #30. The Application for IMR indicates that the request for this medication is from a [REDACTED]. There are two reports submitted for review from [REDACTED] dated 2/5/14 and 6/23/14. The 2/5/14 report states that the patient is not taking any medications and then states, "The patient did not need any medications. The 6/23/14 report states, "The pain is worse and he wants medications at this time. Treatment plan: Refill Medications." The MTUS guidelines state that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the treating physician has not documented how long the patient has been taking Quazepam, only that the medication was being refilled. Since this medication is limited to 4 weeks usage the current request is not medically supported.

Ultram Tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-94.

Decision rationale: The patient presents with pain affecting the lower back which radiates into bilateral buttocks, legs, and knees which is associated with numbness and tingling and pain in the neck which radiates into the right shoulder. The current request is for Ultram Tramadol HCL ER 150mg #60. The treating physician states, "The patient's pain is worse and he wants medications at this time. He has been going to PT and acupuncture which have not been helpful. Treatment plan: Refill medications" The MTUS guidelines require that for opioid use the treating physician must document the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as pain assessment. In this case, the provided records do not document any before or after pain scales, there was no documentation of functional ability or impact on ADLs, and there was no discussion regarding side effects or aberrant behaviors. MTUS requires much more thorough documentation for ongoing opioid usage. The request is not medically necessary.

Norflex Orphenadrine 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: The patient presents with pain affecting the lower back which radiates into bilateral buttocks, legs, and knees which is associated with numbness and tingling and pain in the neck which radiates into the right shoulder. The current request is for Norflex Orphenadrine 100mg #60. The treating physician states, "The patient's pain is worse and he wants medications at this time. He has been going to PT and acupuncture which have not been helpful. Treatment plan: Refill medications." The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the treating physician has documented that the patient is having low back pain but did not note any side effects, reasoning for giving the medication, or if the patient has had any decrease in pain since taking medications. This medication is only to be used for short term relief of muscle spasms (2-4 weeks) and the physician is requesting a refill. The request is not medically necessary.

Menthoderm Ointment 120ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the lower back which radiates into bilateral buttocks, legs, and knees which is associated with numbness and tingling and pain in the neck which radiates into the right shoulder. The current request is for Menthoderm Ointment 120ml. Menthoderm is a topical cream containing methyl salicylate and menthol. The treating physician states, "The patient's pain is worse and he wants medications at this time. He has been going to PT and acupuncture which have not been helpful... Apply up to twice daily to affected area." (43) The MTUS guidelines state, "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the treating physician has documented that the patient's pain is associated with the lumbar and cervical spine. The request is not medically necessary.