

Case Number:	CM15-0005838		
Date Assigned:	01/20/2015	Date of Injury:	12/26/2007
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 38 year old male, who sustained an industrial injury on 12/26/07. On 1/12/15, the injured worker submitted an application for IMR for review of lumbar MRI without contrast, and PGT Testing, and Fexmid 7.5mg 1 po Q8-12 hr #90. The physicians PR-2 visit documentation dated 11/26/14 reported the injured worker complains of chronic, severe low back, groin and bilateral lower extremity pain. The notes describe a status post anterior fusion at L5-S1 (11/2010) with post operative leg weakness, tingling and pain as "excruciating". Other treatment has included physical therapy, chiropractic therapy, epidural steroid injections, as well as a spinal cord stimulator implanted 2/2013/explanted in 2014. Diagnostics include a MRI lumbar spine with and without contrast on 8/27/12 reporting disc bulge L4-5 with stenosis, facet degenerative disc disease and the status post anterior fusion at L5-S1. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis unspecified, lumbar radiculopathy, degenerative disc disease lumbar, failed back surgery syndrome. On 12/16/14 Utilization Review non-certified lumbar MRI without contrast, and PGT Testing, and Fexmid 7.5mg 1 po Q8-12 hr #90. The MTUS, ACOEM Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) www.odg-twc.comSection: Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications for imaging Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other red flags. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic, Myelopathy, painful, Myelopathy, sudden onset – Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient

Decision rationale: ODG guidelines support MRI for findings of progressive neurologic deficit or suspicious of red flags. The medical records provided for review do not indicate any finding of spinal instability or indicate progressive neurologic deficit or risk of cancer or infection. As such the medical records do not support MRI congruent with ODG guidelines.

PGT Testing: 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) Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Genetic testing for potential opioid abuse Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. (Levrán, 2012) Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Overall, the level of evidence linking genetic va

Decision rationale: The medical records do not indicate any side effects or lack of tolerance by the insured. There is no indication of aberrant medication use or hyperalgesia with the insured. ODG guidelines do not support genetic testing for pain medication. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations.

Given the medical records do not indicate any aberrant use of medication and do not indicate any screening tools suggestive of addiction or history of addiction, there is no indication for this testing congruent with ODG in support of medical necessity.

Fexmid 7.5mg 1 po Q8-12 hr #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS and on the MTUS Chronic Pain Medical Trea.

Decision rationale: MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review report intent to treatment with flexeril (orphenadrine) for spasm but does not document/ indicate specific duration of treatment intended or document physical findings of spasm with demonstrated failure of self directed PT program or stretching program. As such the medical records do not demonstrate findings in support of treatment with muscle relaxant or demonstrate intent to treat with short term therapy in congruence with guidelines.