

Case Number:	CM15-0105134		
Date Assigned:	06/09/2015	Date of Injury:	07/18/2005
Decision Date:	07/10/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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: California
 Certification(s)/Specialty: Emergency 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 54-year-old male, who sustained an industrial injury on July 18, 2005. He reported feeling the onset of back pain when lifting, carrying, and maneuvering hose lines and that while operating a jackhammer he experienced increased pain in his lower back. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radiculopathy, and lumbar spinal stenosis. Treatment to date has included physical therapy, x-rays, chiropractic treatments, acupuncture, facet joint injections, MRI, and medication. Currently, the injured worker complains of constant low back pain radiating to the lower extremities with numbness and tingling in the legs. The Primary Treating Physician's report dated April 15, 2015, noted the injured worker reported his pain as 8/10, with pain level without medications an 8/10, and decreases to 4-5/10 with the use of medications. Physical examination was noted to show tenderness along the lumbar spine with tenderness and spasms along the paravertebral muscles of the lumbar spine on the right side with straight leg raise positive on the right and negative on the left. Decreased sensation to light touch was noted along the L5 to s1 nerve root distribution bilaterally in the lower extremities. The treatment plan was noted to include requests for authorization for an additional six sessions of physical therapy, an orthopedic spine evaluation, and prescriptions for Norco, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine Hydrochloride 7.5mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain as 8/10, with pain level without medications an 8/10, and decreases to 4-5/10 with the use of medications. Physical examination was noted to show tenderness along the lumbar spine with tenderness and spasms along the paravertebral muscles of the lumbar spine on the right side with straight leg raise positive on the right and negative on the left. Decreased sensation to light touch was noted along the L5 to S1 nerve root distribution bilaterally in the lower extremities. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine Hydrochloride 7.5mg, #60 is not medically necessary.

Orthopedic spine consultation, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested orthopedic spine consultation, quantity: 1, is medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has pain as 8/10, with pain level without medications an 8/10, and decreases to 4-5/10 with the use of medications. Physical examination was noted to show tenderness along the lumbar spine with tenderness and spasms along the paravertebral muscles of the lumbar spine on the right side with straight leg raise positive on the right and negative on the left. Decreased sensation to light touch was noted along the L5 to S1 nerve root distribution bilaterally in the lower extremities. The treating physician has documented sufficient positive exam findings to necessitate an orthopedic evaluation. The criteria noted above having been met, Orthopedic spine consultation, quantity: 1 is medically necessary.

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Hydrocodone/Acetaminophen, Opioids, Criteria for Use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain as 8/10, with pain level without medications an 8/10, and decreases to 4-5/10 with the use of medications. Physical examination was noted to show tenderness along the lumbar spine with tenderness and spasms along the paravertebral muscles of the lumbar spine on the right side with straight leg raise positive on the right and negative on the left. Decreased sensation to light touch was noted along the L5 to S1 nerve root distribution bilaterally in the lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg, #90 is not medically necessary.