

Case Number:	CM15-0165141		
Date Assigned:	09/02/2015	Date of Injury:	12/10/1991
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/24/2015

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: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 12-10-91. Initial complaints were not reviewed. The injured worker was diagnosed as having discogenic disorder with radiculopathy; status post fusion L5-S1 1988; sciatica; back sprain NOS. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine without contrast (8-31-15). Currently, the PR-2 notes dated 8-4-15 indicated the injured worker complains of an acute lumbar spine pain about one week ago and has had some left leg radiculopathy with stiffness and attempting to move his ankle. On objective findings, the provider documents spasms of the lumbar spine and a cuticular reactive area discomfort, His reflexes are completely absent at the knee and ankle. He can feel paresthasias to the right leg lateral to the calf and his is stiff. He called for an emergency appointment on this day to get treatment. He was administered a Toradol 60mg injection for his symptoms. A MRI lumbar spine dated 8-31-15 reveals; 1) Degenerative changes with disc protrusions; 2) L1-2 minor thecal sac and left greater right neural foramen; 3) L2-3 retrolisthesis moderate to severe compression of the thecal sac. Severe left moderate to severe right foramen narrowing left L2 nerve root compression; 4) L3-4 mild thecal sac and moderate to severe right and moderate left neural foramen narrowing. Right L3 nerve root compression from facet degenerative change; 5) L4-5 moderate thecal sac and severe right greater left neural foramen narrowing. Mild right greater left l4 nerve root compression; 6) L5-S1 postoperative changes anteriorly. Bony fusion across this disc space. No narrowing of the canal or neural foramen. The provider is requesting authorization of medications Cyclobenzaprine; Medrol Dosepack (methylprednisolone) 4mg, #1; Norco 10/300; Flexeril and Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. A previous utilization review decision provided the patient with #20 to allow for weaning. The request is non-specific for dose, sig, and amount of medication; consequently, Cyclobenzaprine is not medically necessary.

Medrol Dosepack (methylprednisolone) 4mg, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Oral Corticosteroids.

Decision rationale: The Official Disability Guidelines do not recommended oral corticosteroids for chronic pain. There are no quality studies specific to the low back. Multiple severe adverse effects have been associated with systemic steroid use. And Medrol (methylprednisolone) tablets are not approved by the FDA for pain. Medrol Dosepack (methylprednisolone) 4mg, #1 is not medically necessary.

Norco 10/300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The request is non-specific for dose, sig, and amount of medication; consequently, Norco 10/300 is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Flexeril. The patient has been taking Flexeril for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The request is non-specific for dose, sig, and amount of medication; consequently, Flexeril is not medically necessary.

Celebrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. The request is non-specific for dose, sig, and amount of medication; consequently, Celebrex is not medically necessary.