

Case Number:	CM15-0180724		
Date Assigned:	09/22/2015	Date of Injury:	12/04/2012
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 42 year old male, who sustained an industrial injury on 12-4-2012. Medical records indicate the worker is undergoing treatment for lumbago and lumbar spondylosis. The 12/17/2012 MRI of the lumbar spine showed multilevel disc bulge, facet arthropathy with central stenosis at L4-L5 and contact with bilateral L5 nerve roots. A recent progress report dated 8-8-2015, reported the injured worker complained of pain in the lower back and right leg with numbness and weakness, rated 6 out of 10. The injured worker notes avoiding exercising, household chores and sexual relations due to pain and he reports chronic urinary incontinence. It was noted that the IW was able to walk 5 blocks before stopping because of pain. The pain score was noted to be 5 to 9 on a scale of 0 to 10. There was occasional heartburn and nausea due to utilization of NSAIDs. The medications were listed as Tylenol and occasional Norco. Physical examination revealed lumbar range of motion as forward flexion 30 degrees and extension 20 degrees with bilateral paraspinal muscle tenderness. Treatment to date has included physical therapy and medications management. On 8-26-2015, the Request for Authorization requested Tramadol ER 150mg #30, Flexeril 7.5mg #60, Prilosec 20mg #60, Avalin patch 4% #30, lumbar 4-5 epidural steroid injection and urological consultation. On 9-1-2015, the Utilization Review noncertified the request for Tramadol ER 150mg #30, Flexeril 7.5mg #60, Prilosec 20mg #60, Avalin patch 4% #30, lumbar 4-5 epidural steroid injection and urological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids for osteoarthritis, Opioids, long-term assessment, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records did not show that the patient failed treatment with NSAIDs and physical treatments. The patient was able to walk 5 blocks while utilizing Tylenol and occasion Norco for pain relief. There is no documentation of guidelines recommended compliance monitoring of UDS, absence of aberrant behavior, CURESS data reports or functional restoration. The criteria for the use of Tramadol 150mg ER #30 was not met. The request is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Exercise, Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records did not show that the patient failed treatment with NSAIDs and physical treatments. The patient was able to walk 5 blocks while utilizing Tylenol and occasion Norco for pain relief. The utilization of Flexeril had already exceeded the maximum guidelines recommended duration of 3 to 4 weeks. There is no documentation of guidelines recommended compliance monitoring of UDS, absence of aberrant behavior,

CURESS data reports or functional restoration. The criteria for the use of Flexeril 7.5mg #60 was not met. The request is not medically necessary.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitor (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Proton pump inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal disease in high-risk patients including the elderly and those with a past. The records indicate that the patient had a past history of gastrointestinal symptoms associated with the use of NSAIDs. The patient was recently started on Nabumetone by the new provider who had prescribed Prilosec. The criteria for the use of Prilosec 20mg #60 was met. The request is medically necessary.

Avalin patch 4% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation that treatment with first line medications have failed. The guidelines recommend that topical medications be utilized individually for evaluation of efficacy. The Avalin patch contains lidocaine 4% and menthol 1%. There is lack of guidelines support for the utilization of menthol for the treatment of chronic musculoskeletal pain. The criteria for the use of Avalin patch 4% #30 was not met. The request is not medically necessary.

Lumbar transforaminal epidural steroid injection (bilateral L4-5): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Lumbar Epidural Injections.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of exacerbation of musculoskeletal pain when conservative treatments with NSAIDs, exercise and PT have failed. The records did not show that the patient failed conservative treatment with NSAIDs, PT and exercise. The patient was able to walk 5 blocks while utilizing only Tylenol and occasional Norco for pain relief. There is no documentation of significant subjective or objective findings of lumbar radiculopathy despite a past MRI findings of contact with nerve roots. The epidural injections were recommended at the initial clinic evaluation without trial of conservative non-interventional treatments. The criteria for bilateral L4-5 transforaminal lumbar epidural steroid injection was not met. The request is not medically necessary.

Urological consult: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, Chapter 4 Work Relatedness, page 65.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Follow-up Visits, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that chronic pain patients can be referred for evaluation and treatment by other specialist when the diagnosis is complex or additional procedure is necessary for the treatment of persistent condition that was not effectively managed by the primary treating physician. The records show subjective complaints of persistent urinary incontinence associated with the chronic low back pain. The guidelines recommend that urinary incontinence associated with low back pain be evaluated for the presence of neurological deficits of the lumbosacral plexus and cauda equina syndrome. The criteria for Urological Consult was met. The request is medically necessary.