

Case Number:	CM15-0191513		
Date Assigned:	10/05/2015	Date of Injury:	11/20/2006
Decision Date:	12/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York

Certification(s)/Specialty: Internal 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:

This is a 46 year old male with a date of injury of November 20, 2006. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, displacement of cervical intervertebral disc without myelopathy, lumbar sprain and strain, displacement of lumbar or thoracic intervertebral disc without myelopathy, brachial neuritis or radiculitis, and thoracic or lumbosacral neuritis or radiculitis. Handwritten medical records dated July 10, 2015 indicate that the injured worker complained of lower back pain radiating to the left lower extremity with numbness and tingling, and symptoms have increased in the past month. A progress note dated September 2, 2015 documented complaints of cervical spine pain with radiation to the left upper extremity with numbness and tingling, and lower back pain with radiation to the bilateral lower extremities. Per the treating physician (September 2, 2015), the employee was temporarily totally disabled. The physical exam dated July 10, 2015 reveals tenderness of the lumbar paravertebral muscles and left sciatic notch with muscle guarding, decreased range of motion, positive straight leg raise, decreased sensation of the left leg at L5 and S1, and no changes in the cervical spine examination. The progress note dated September 2, 2015 documented a physical examination that showed tenderness to palpation of the bilateral cervical paravertebral muscles and upper trapezius, with associated spasm and guarding, decreased range of motion of the cervical spine in all planes, decreased sensation along the left C5 and C6 dermatomes, positive Spurling's on the left with numbness and tingling along the left C5 and C6 nerve root distribution, and no changes in the lumbar spine examination. Treatment has included home exercise, medications (Norco 5-325mg every six hours as needed, Nizatidine

150mg twice a day, and Fexmid 7.5mg twice a day since at least July of 2015), and magnetic resonance imaging of the cervical spine (February 17, 2009) that showed cervical spine stenosis. The original utilization review (September 9, 2015) non-certified a request for Fexmid 7.5mg #60, Nizatidine 150mg #60, Norco 5-325mg #30, a pain management consultation, and magnetic resonance imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg quantity 60: 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): Muscle relaxants (for pain).

Decision rationale: Fexmid (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation demonstrates that Fexmid has been prescribed for a longer period of time than recommended. Furthermore, there is lack of evidence of acute exacerbation or significant objective improvement in the injured worker's pain or functional status to justify continued use of Fexmid. The request for Fexmid 7.5mg quantity 60 is not medically necessary per MTUS guidelines.

Nizatidine 150mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com; Nizatidine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus.

Decision rationale: MTUS does not address this request. Nizatidine is in a class of medications called H2 blockers that work by decreasing the amount of acid made in the stomach. Nizatidine is used to treat conditions including ulcers and gastroesophageal reflux disease. Documentation at the time of the requested service indicates that Nizatidine is prescribed for dyspepsia due to nonsteroidal anti-inflammatory drugs (NSAIDs) and other medications. Physician report fails to show that the injured worker is currently taking NSAIDs or experiencing active gastrointestinal issues. The medical necessity for ongoing use of Nizatidine has not been established. The request for Nizatidine 150mg quantity 60 is not medically necessary per guidelines.

Norco 5/325mg quantity 30: 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: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 5/325mg quantity 30 is not medically necessary.

Pain Management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS, ACOEM, Chapter 5, Disability, Referrals, pg 92 MTUS, Chronic Pain Treatment Guidelines, Epidural steroid injections (ESIs), pg 46 MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Per MTUS, radiculopathy must be documented by physical examination and corroborated by imaging. No more than 2 Epidural steroid injections are recommended per current guidelines. A second epidural injection may be performed if there is partial success produced with the first injection, based on continued objective documented pain and functional improvement, including at least

50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker complains of chronic persistent radicular neck pain with diagnosis of Cervical-spine Spinal stenosis per previous MRI. Physician report demonstrates that the injured worker is participating in a home exercise program and there is evidence of objective clinical findings of radiculopathy. The recommendation for an epidural steroid injection is reasonable and appropriate. The request for Pain Management consultation is Cervical spine ESI is medically necessary per MTUS guidelines.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. The injured worker complains of chronic radicular neck pain and is diagnosed with Cervical-spine Spinal stenosis. Documentation fails to show new clinical findings of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms to establish the medical necessity for additional imaging. The request for MRI of the cervical spine is not medically necessary per MTUS guidelines.