

Case Number:	CM15-0203029		
Date Assigned:	10/19/2015	Date of Injury:	11/20/2013
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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: Family Practice

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(n) 40 year old male, who sustained an industrial injury on 11-20-13. The injured worker was diagnosed as having lumbar degenerative disc disease and lumbar disc pathology. Subjective findings (4-23-15, 5-13-15 and 8-13-15) indicated 5-7 out of 10 pain at best and 7-8 out of 10 pain at worst in the lower back. Objective findings (4-23-15, 5-13-15, 6-3-15 and 8-13-15) revealed lumbar flexion was 15-30 degrees, extension was 10-20 degrees and lateral bending was 10-20 degrees. Sensation is normal and equal in both lower extremities. As of the PR2 dated 9-23-15, the injured worker reports low back pain. He rates his pain 7 out of 10 at best and 9 out of 10 at worst. Objective findings include severely guarded lumbar range of motion due to anticipatory pain and moderate tenderness to palpation of the sacral borders, sacroiliac joints and sciatic notches. Current medications include Norco (no previous prescriptions found), Valium, Celebrex, Tylenol, Prednisone (no previous prescriptions found) and Lioresal (no previous prescriptions found). Treatment to date has included a TENS unit, physical therapy for the lumbar spine, Ultracet and Gabapentin. The Utilization Review dated 10-7-15, non-certified the request for Vicodin 5-325mg #90, Lioresal 10mg #60 and Prednisone 20mg #9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: According to the MTUS guidelines, Hydrocodone/Acetaminophen (Vicodin) is indicated for moderate to moderately severe pain. In this case, the medical records note that the injured worker has sustained a recent flare-up of this low back pain. The medical records note that treatment to date has consisted of TENS unit, physical therapy for the lumbar spine, Ultracet and Gabapentin. At this time, the request for Vicodin is supported to address the recent flare-up. The request for Vicodin 5/325mg #90 is medically necessary and appropriate.

Lioresal 10mg #60: Overturned

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

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

Decision rationale: The MTUS guidelines support utilization of muscle relaxants for short term in the event of an exacerbation. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker has sustained an exacerbation and the request for a muscle relaxant is supported. The request for Lioresal 10mg #60 is medically necessary and appropriate.

Prednisone 20mg #9: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation JAMA 2015, May 10, Oral steroids for acute radiculopathy due to a herniated lumbar disk, a randomized clinical trial.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: According to ODG, Corticosteroids (oral/parenteral/IM for low back pain) are recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. In this case, the injured worker has sustained an exacerbation and a short course of tapered prednisone is supported. The request for Prednisone 20mg #9 is medically necessary and appropriate.

