

Case Number:	CM15-0208364		
Date Assigned:	10/27/2015	Date of Injury:	11/12/1990
Decision Date:	12/09/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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, 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 56 year old female who sustained an industrial injury on 11-12-1990. Medical records indicated the worker was treated for chronic degenerative disc disease, lumbar, and radiculopathy-thoracic or lumbosacral, and sacroiliitis. Prior treatments have included bilateral sacroiliac joint injections (2012, 2013, and 2014,) medial branch block right L3-L5 x2, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and ongoing medication use. In the provider notes of 09-22-2015 the injured worker complains of severe persistent lower back pain that radiates to the right and left calf. She describes the pain as a deep burning ache with numbness, shooting stabbing and throbbing pain. Stairs, position changes, bending, daily activities, defecation, rolling over in bed and twisting aggravate the pain. Ice, lying down, massage and pain medications make the pain better. She has not had any lower back surgeries. On exam, the worker has an antalgic gait, with mild spasm and tenderness of the spinous, paraspinous, gluteals, piriformis, quadratus, quadratic, PSIS, and sciatic notch. She has pain in the left buttock. Examination of the lumbar spine reveals pain on active range of motion, and straight leg raise on the right elicits back pain only. There is left foot numbness and parenthesis which is a new complaint. The straight leg raise on the left radiates pain. The worker has had long term intake of opioids and is reported to have obtained meaningful improvement in the level of her pain, has not experienced side effects to the prescribed medication and has not demonstrated any evidence of a current substance disorder. Using a numeric pain intensity scale of 0-10, the worker rates her pain a 9 without medications, a 3 with medications, and an average over the preceding month at a level of 9. Her medications include Buprenorphine (since at least 10-28-2013-butrans patch), cyclobenzaprine (since at least 10-28-2013), Nabumetone (since 09-22-2015), and Neurontin(since at least 08-06-2013). The treatment plan is to renew medications

and continue to periodically monitor for adherence. A MRI of the lumbar spine is also requested. A request for authorization was submitted for: 1. Neurontin 300 mg Qty 90 with 4 refills. 2. Nabumetone 750 mg Qty 60. 3. Cyclobenzaprine HCL 10 mg Qty 90 with 4 refills. 4. Buprenorphine HCL 2 mg SL Qty 120. 5. Urine drug screen. 6. MRI (magnetic resonance imaging), lumbar spine. A utilization review decision 10/05/2015 gave modified approval for: Neurontin 300 mg Qty 90 with 2 refills. Nabumetone 750 mg Qty 60. Buprenorphine HCL 2 mg SL Qty 120. Urine drug screen; and non-certified: Cyclobenzaprine HCL 10 mg Qty 90 with 4 refills. MRI (magnetic resonance imaging), lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 10 mg Qty 90 with 4 refills: Upheld

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): Cyclobenzaprine (Flexeril).

Decision rationale: The claimant has been on cyclobenzaprine since 2013, now two years. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, this request is not medically necessary.

MRI (magnetic resonance imaging), lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For

unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000). Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. These criteria are also not met in this case; the request was appropriately non-certified under the MTUS and other evidence-based criteria. Therefore, the requested treatment is not medically necessary.