

Case Number:	CM15-0022563		
Date Assigned:	02/17/2015	Date of Injury:	10/22/2012
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 30 year old male, who sustained an industrial injury on October 22, 2012. The diagnoses have included lumbar spine sprain/strain acute, moderate acute paraspinal muscle spasms, rule out discs, lumbar radiculitis right lower extremity, depression and degenerative disc disease L5-S1. Currently, the injured worker complains of low back pain. In a progress note dated January 6, 2015, the treating provider reports examination of lumbar spine reveals severe low back pain and severe bilateral sciatica. On January 27, 2015 Utilization Review non-certified a Percocet 10/325mg quantity 180, Flexeril 10mg quantity 60, Neurontin 600mg quantity 60, Colace 100mg quantity 90, outpatient psychologist referral, Magnetic resonance imaging of the lumbar spine and lumbar epidural steroid injection at L5-S1, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain and severe radiating lower extremity pain. Medications include Percocet at a total MED (morphine equivalent dose) of 90 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Percocet was medically necessary.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain and severe radiating lower extremity pain. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

Neurontin 600mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Gabapentin, p18-19 Page(s): 18-19.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain and severe radiating lower extremity pain. Neurontin (gabapentin) is recommended in the treatment of lumbar spinal stenosis as a trial. It has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated. An adequate trial with gabapentin would include three to eight weeks for titration,

then one to two weeks at maximum tolerated dosage. Therefore the requested Neurontin was medically necessary.

Colace 100mg #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain and severe radiating lower extremity pain. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, Percocet is being prescribed on a long term basis. He has constipation likely due to opioids. Therefore, Colace was medically necessary.

Psychologist referral: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, p100-101 Page(s): 100-101.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain and severe radiating lower extremity pain. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should be used to determine if further psychosocial interventions are indicated. This request is therefore medically necessary.

MRI of the lumbar spine: Upheld

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

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), MRIs (magnetic resonance imaging).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain and severe radiating lower extremity pain. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent

significant change in symptoms or findings suggestive of significant pathology. Therefore, the requested MRI was not medically necessary.

Lumbar epidural steroid injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for low back pain and severe radiating lower extremity pain. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings that would support a diagnosis of lumbar radiculopathy and therefore the requested epidural steroid injection was not medically necessary.