

Case Number:	CM15-0220086		
Date Assigned:	11/13/2015	Date of Injury:	05/03/2009
Decision Date:	12/29/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/09/2015

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, Illinois

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 49 year old male, who sustained an industrial injury on 5-3-09. Medical records indicate that the injured worker is undergoing treatment for a lumbar spine strain, lumbar herniated discs with facet hypertrophy, left knee internal derangement, cervical strain acute-chronic and post-traumatic back related erectile dysfunction. The injured worker is currently temporarily partially disabled and is working at night. On (7-29-15) the injured worker complained of low back pain with intermittent radiating pain to the lower extremities. The injured worker also noted headaches, intermittent neck pain and knee pain at the end of the day. Pain levels were not provided. Examination of the cervical spine revealed tenderness to palpation over the paracervical muscles with muscle spasm and guarding. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles with muscle spasms and guarding. There were palpable trigger points with a positive twitch response noted. A straight leg raise was still decreased. The injured worker noted that he had difficulty sleeping on an old mattress when he is sleeping at work. A progress report dated 6-22-15 noted the injured workers pain level to be 4-5 out of 10 with medications and 7-8 out of 10 without medications. Treatment and evaluation to date has included medications, MRI (2009), electromyography-nerve conduction velocity, Toradol injections and rhizotomy injections. Current medications include Norco (since at least April of 2015) and Norflex (since at least April of 2015). The current treatment requests are for an ergonomic work station and comfortable new mattress, Tramadol 50mg #60 and Norflex 100mg #60. The Utilization Review documentation

dated 11-4-15 non-certified the requests for an ergonomic work station and comfortable new mattress, Tramadol 50mg #60 and Norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic work station; Comfortable new mattress: 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) Low Back - Lumbar & Thoracic (Acute & Chronic)Ergonomics interventionsMattress selection.

Decision rationale: The injured worker sustained a work related injury on 5-3-09. Medical records indicate that the injured worker is undergoing treatment for a lumbar spine strain, lumbar herniated discs with facet hypertrophy, left knee internal derangement, cervical strain acute-chronic and post-traumatic back related erectile dysfunction. Treatments have included Toradol injections and rhizotomy injections, Norco and Norflex. The medical records provided for review do indicate a medical necessity for Ergonomic work station; Comfortable new mattress. The MTUS states that several general principles are important to prevent musculoskeletal disorders and visual fatigue or injury. These include protection from hazards via engineering controls (effective barriers to hazards), use of personal protective equipment, administrative controls, and adjustment of workstations, tasks, and tools to the individual worker's size and physiologic and work capacity. Person-job fit is a basic principle that may markedly reduce occupational health concerns and the costs of lost productivity due to illness and injury as well as related medical costs. The same principles are used either to engineer jobs so that they fit many people or to adapt a job, task, or workstation to a specific person. The medical records indicate the injured workers job requires 56 hour shift and includes sleeping at work. Although the Official Disability Guidelines does not recommend mattress selection, in this particular case the request is not for a bed he would be using at home, rather it is as an ergonomic approach to making his work station suitable for his job. It is therefore medically necessary.

Tramadol 50mg #60: 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): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 5-3-09. Medical records indicate that the injured worker is undergoing treatment for a lumbar spine strain, lumbar herniated discs with facet hypertrophy, left knee internal derangement, cervical strain acute-chronic and post-traumatic back related erectile dysfunction. Treatments have included Toradol injections and rhizotomy injections, Norco (since at least April of 2015) and Norflex (since at least April of 2015). The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #60. Tramadol is a synthetic central acting opioid. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioid medications since at least, 03/2015 without overall improvement as defined by the MTUS. Also, the MTUS does not recommend the use of opioids for more than two weeks for the treatment of low back pain. Furthermore, the medical records indicate the injured worker is not being monitored based on the recommendations of the MTUS for individuals on opioid treatment for longer than 6 months. This requires reassessment of pain and function every six months comparing with baseline values using numerical scale.

Norflex 100mg #60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 5-3-09. Medical records indicate that the injured worker is undergoing treatment for a lumbar spine strain, lumbar herniated discs with facet hypertrophy, left knee internal derangement, cervical strain acute-chronic and post-traumatic back related erectile dysfunction. Treatments have included Toradol injections and rhizotomy injections, Norco (since at least April of 2015) and Norflex (since at least April of 2015). The medical records provided for review do not indicate a medical necessity for Norflex 100mg #60. Orphenadrine (Norflex, is a muscle relaxant with a dosing recommendation of 100 mg twice a day; combination products are given three to four times a day. The side effects include: drowsiness, urinary retention, dry mouth; euphoria and mood elevating effects. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The medical records indicate the injured worker has been using the medication at least since 03/2015. There is no indication the injured worker currently has acute exacerbations of chronic low back pain.