

Case Number:	CM15-0031860		
Date Assigned:	02/25/2015	Date of Injury:	07/10/2007
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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: Anesthesiology

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 53 year old female, who sustained a work/ industrial injury noting pain in the back while doing landscaping duties on 7/10/07. She has reported symptoms of left hip/leg pain that had progressed that was described as dull, sharp, and shooting. Prior medical history includes hypertension and ovarian cancer. Surgery included lumbar spine decompression on 5/2013. The diagnoses have included post laminectomy syndrome, sciatica, lumbosacral spine degeneration, depression, anxiety psychogenic pain left greater trochanteric bursitis. Treatments to date included medications, home exercise program, cognitive behavioral therapy (18 sessions), physical therapy, and acupuncture, cervical traction, Transcutaneous Electrical Nerve Stimulation (TENS) unit. Diagnostics included Magnetic Resonance Imaging (MRI) of the lumbar spine that reported diffuse disc degeneration with disc bulge at L2-S1. The electromyogram was normal. X-rays note osteoarthritis of left hip. Medications included Cymbalta, Sprix Nasal spray, Dilaudid, Hydrocodone/APAP, Meloxicam, Ibuprofen, and Prozac. The physician's report indicated discussion of a total hip replacement. A request was made for renewal of medications. On 1/27/15, Utilization Review non-certified a Cyclobenzaprine-Flexeril 7.5mg Qty: 90, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines. On 1/27/15, Utilization Review non-certified Spix nasal spray 15.75mg; Orthopedic work chair, unspecified if purchase or rental; 4 point cane, unspecified if purchase or rental, citing Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic work chair, unspecified if purchase or rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ergonomic Interventions.

Decision rationale: The ODG supports ergonomic interventions as part of return-to-work programs. For improved return-to-work outcomes after an injury has occurred, there is evidence supporting ergonomic interventions. In this case, the patient has returned to part-time work. The requested orthopedic work chair is reasonable to determine if such a chair can provide improvement in work performance. This chair should be obtained for a one-month rental to assess the response prior to purchase. Medical necessity for the requested item has been established. The requested orthopedic work chair is medically necessary.

4 point cane, unspecified if purchase or rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking Aides.

Decision rationale: Disability, pain, and age-related impairments seem to determine the need for a walking aid. According to the ODG, walking aides such as crutches, braces, canes, walkers, and orthoses are recommended to assist for ambulation and reduce pain. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, the documentation indicates that the patient has fallen with the use of a 1-point cane. A 4-point cane (quad cane) provides more support than a single point cane. However, the request for a 4-point cane does not specify if it is for purchase or rental. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Cyclobenzaprine-flexeril 7.5mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant with similar effects to tricyclic antidepressants. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Cyclobenzaprine is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. This medication is not recommended to be used for longer than 2-3 weeks. In this case, there are no muscle spasms documented on physical exam. In this case, there is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for Cyclobenzaprine 7.5mg, has not been established. The requested medication is not medically necessary.

Spix nasal spray 15.75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ketorolac.

Decision rationale: Sprix nasal spray is an FDA approved intranasal formulation of Ketorolac Tromethamine, which is used for the short-term management of moderate to moderately severe pain requiring analgesia at the opioid level. The total duration of use of this intranasal formulation, as with other Ketorolac (Toradol) formulations, should be for the shortest duration possible and not exceed 5 days. Both studies used for approval were for short-term pain relief after abdominal surgery, so this nasal spray it is not recommended as a first-line medication for chronic pain. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the nasal spray has not been established. The requested medication is not medically necessary.