

Case Number:	CM15-0039162		
Date Assigned:	03/09/2015	Date of Injury:	07/15/2011
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Connecticut, California, Virginia
 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 46-year-old female who sustained an industrial injury on July 15, 2011. She has reported pain in the low back and has been diagnosed with right lumbar radiculopathy L5, S1 dermatome with recurrent lateral disc narrowing the both neural foramina right greater than left, status post MLD L5-S1 with recurrent disc herniation, acute exacerbation of chronic lumbago, and lumbar myofascial pain. Treatment has included chiropractic sessions, surgery, medical imaging, trigger point injections, and medications. Currently the low back examination revealed the lumbar surgical site intact. There was decreased range of motion in the lumbar spine with forward flexion and bilateral muscle spasm. There was also decreased sensation L5 and S1 dermatome on the right. The treatment plan included medications, spinal cord stimulator trial, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP with Codeine 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids) has been previously addressed by utilization reviewers on several occasions. Weaning of this medication was previously addressed and completed in June 2014 per the provided documents. Consideration of other pain treatment modalities and adjuvants is recommended. Because the provided records indicate no evidence of objective functional improvement on the medication, and given the risk of dependency, the current request is not considered in the opinion of this reviewer to be medically necessary and appropriate.

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Banflex, Antiflex, Mio-Rel, Orphenate, Orphenadrine generic available).

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

Decision rationale: The MTUS recommends 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. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication (previously refilled 10/22/14), the quantity of medications currently requested cannot be considered medically necessary and appropriate.

Unknown psychological follow-up visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The MTUS guidelines generally recommend behavioral interventions for chronic pain, and psychotherapy evaluations are among the recommended and widely used

modalities. Utilization review has modified a request for unknown pain psychological follow up visits to allow for one pain psychological follow-up visit, which is reasonable to allow for re-evaluation. If further visits are required beyond that which has been certified by the modification, further consideration is required. At this time, there is no indication for the medical necessity of an unspecified number of pain psychological follow-up visits, and therefore the initial request is not considered appropriate and necessary.