MAXIMUS Federal Services

Case Number:	CM15-0055781		
Date Assigned:	03/30/2015	Date of Injury:	03/19/1997
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/24/2015

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: California, Washington
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 was a 51 year old male who reported an injury on 03/19/1997. The mechanism of injury was not included. His diagnoses included failed back surgery syndrome, lumbar radiculopathy secondary to industrial injury, insomnia, depression, situational stress, and spinal cord stimulator. The injured worker requires assistance for all of his activities of daily living, and uses a walker for ambulation. He rated his pain at a 6/10. The injured worker was noted to have urinary and fecal incontinence. Urine drug test and CURES report are consistent with prescriptions. His medications included Norco 10/325 mg, Flexeril, Protonix, and ibuprofen 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: There is a lack of dosing instructions in the request for Norco 10/325 mg #300. The California MTUS Guidelines state there are four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The guidelines also state that for dosing of opioids, it is recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Without the proper dosing instructions included, the daily morphine equivalent dosage is unable to be calculated. Therefore, without clarification of the dosing instruction to enable calculation of the morphine equivalent dosage per day, the request for Norco 10/325 mg #300 is not medically necessary.

Flexeril (unknown prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: There is a lack of dosing instructions for this request. The California MTUS Guidelines state that muscle relaxants are recommended with caution as a second line option for short-term relief of acute exacerbations in patients with chronic low back pain. Flexeril is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants. The greatest effect of Flexeril appears to be in the first 4 days of treatment. As the guidelines recommend Flexeril only for short-term use, and the request does not include any dosing instructions, the request for Flexeril is not medically necessary.

Protonix (unknown prescription): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request does not include medication strength or any dosing instructions. The California MTUS Guidelines state that determination should be made if a patient is at risk for gastrointestinal events. The criteria include an age greater than 65 years; history of a peptic ulcer, GI bleed, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose or multiple NSAID use. There is a lack of documentation regarding peptic ulcer, GI upset, the use of aspirin, corticosteroids, or an anticoagulant. Therefore, the request for Protonix is not medically necessary.

1 Bilateral radiofrequency ablation L3-4, L4-5, L5-S1: 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), Lumbar & Thoracic, Criteria for use of facet joint radiofrequency neurotomy, Lumbar Facet joint radiofrequency neurotomy, Facet joint diagnostic blocks (injections).

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, Facet joint radiofrequency neurotomy.

Decision rationale: The Official Disability Guidelines state that diagnostic facet blocks should not be performed in patients who have had previous fusion procedures at the planned injection level. As the injured worker has a history of lumbar spine fusion with interbody fusion at L2-3, L3-4, and L4-5 levels with pedicle screw instrumentation at the L2-3 level, the request for bilateral radiofrequency ablation L3-4, L4-5, and L5-S1 is not medically necessary.

Unknown physical therapy visits: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The request does not include the number of physical therapy visits being requested, nor does it include the location for the physical therapy. The California MTUS Guidelines may recommend up to 10 physical therapy visits. However, the request does not include the number of visits being requested, the number of previous therapy and objective functional documentation, nor does it include the body part the therapy is requested for. Therefore, the request for unknown physical therapy visits is not medically necessary.