MAXIMUS Federal Services

Case Number:	CM15-0059787		
Date Assigned:	04/06/2015	Date of Injury:	04/25/2011
Decision Date:	05/07/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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:

This 67-year-old male sustained an industrial injury to the neck, back, arm and right shoulder on 4/25/11. Previous treatment included magnetic resonance imaging, physical therapy, injections, acupuncture, home exercise and medications. In an orthopedic follow-up dated 2/6/15, the injured worker complained of persistent and progressively worsening back pain. Physical exam was remarkable for tenderness to palpation along the spinous process of the thoracic spine at T9 through T12 with paraspinal musculature tenderness to palpation and limited range of motion. Current diagnoses Lumbar spondylosis with possible radiculopathy, thoracic disease probable disc herniation. The treatment plan included magnetic resonance imaging thoracic spine to rule out disc herniation and facet arthropathy and continuing medications (Mobic, Norflex and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The injured worker sustained a work related injury on 4/25/11. The medical records provided indicate the diagnosis of Lumbar spondylosis with possible radiculopathy, thoracic disease probable disc herniation. The treatment plan included medications (Mobic, Norflex and Norco). The medical records provided for review do not indicate a medical necessity for Outpatient MRI of the thoracic spine without contrast. The records do not indicate involvement of the shoulder during the said injury. Furthermore, the history and physical examination do not suggest evidence of emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery; neither does it indicate the test would be used for clarification of anatomy prior to an invasive procedure. The MTUS recommends against over reliance of imaging in order to avoid diagnostic confusion. Therefore, the request is not medically necessary.

Flexeril 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 4/25/11. The medical records provided indicate the diagnosis of Lumbar spondylosis with possible radiculopathy, thoracic disease probable disc herniation. The treatment plan included medications (Mobic, Norflex and Norco). The medical records provided for review do not indicate a medical necessity for Flexeril 5mg #60. Flexeril (Cyclobenzaprine) is a muscle relaxant. The MTUS recommends the use of on-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 records indicate the injured worker has been on treatment with Norflex, a muscle relaxant. The request is for a different muscle relaxant, Flexeril or cyclobenzaprine. The recommended dosing of Cyclobenzaprine is Dosing: 5-10 mg three times a day, for not longer than 2-3 weeks. Therefore, the request is not medically necessary.

Norco 5/325mg #50: 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): 78-81.

Decision rationale: The injured worker sustained a work related injury on 4/25/11. The medical records provided indicate the diagnosis of Lumbar spondylosis with possible radiculopathy, thoracic disease probable disc herniation. The treatment plan included medications (Mobic,

Norflex and Norco). The medical records provided for review do not indicate a medical necessity for Norco 5/325mg #50. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. 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 of 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 records indicate the injured worker has been using this medication for at least two years without documented improvement in pain or function; the injured worker is not being monitored for activities of daily living, pain control, adverse effects of medications and aberrant behavior. Therefore, the request is not medically necessary.