MAXIMUS Federal Services

Case Number:	CM15-0087257		
Date Assigned:	05/11/2015	Date of Injury:	11/28/2006
Decision Date:	06/29/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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
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 51 year old female, who sustained an industrial injury on November 28, 2006. She reported a lumbar spine due to repetitive trauma. The injured worker was diagnosed as having status post lumbar 4-lumbar 5 and lumbar 5-sacral 1 artificial disc replacements, lumbar disc disease, lumbar facet arthropathy, and post annular tear at lumbar 4. Diagnostic studies to date have included a CT myelogram, MRI, and electrodiagnostic studies. Treatment to date has included physical therapy, aquatic therapy, acupuncture, epidural steroid injections, bracing, rest, and medications including pain, anti-epilepsy, antidepressant, diuretic, muscle relaxant, anti-anxiety, and sleep. On February 12, 2015, the injured worker complains of lumbar spine pain, which has increased since the last visit. The pain is described as constant, sharp, achy, burning and radiating into the bilateral legs, greater on the right than the left. Associated symptoms include numbness, tingling, and weakness of the legs. Her pain is rated 7/10. She is not currently working. The physical exams revealed a left-sided antalgic gait, exacerbation of her antalgic gait with heel-toe walk, and diffuse tenderness of the lumbar paraspinal muscles with spasm and guarding. There was decreased lumbar range of motion, decreased sensation in the right lumbar 4 and lumbar 5 dermatomes, and normal muscle testing in the bilateral lower extremities, except for the right big toe extensors (lumbar 5) and right knee extensors (lumbar 4) were diminished. The treatment plan includes a urine toxicology screen and Lasix 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine toxicology screen (2/12/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 and 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug testing.

Decision rationale: The injured worker is a 51 year old female, who sustained an industrial injury on November 28, 2006. She reported a lumbar spine due to repetitive trauma. The injured worker was diagnosed as having status post lumbar 4-lumbar 5 and lumbar 5-sacral 1 artificial disc replacements, lumbar disc disease, lumbar facet arthropathy, and post annular tear at lumbar 4. Diagnostic studies to date have included a CT myelogram, MRI, and electrodiagnostic studies. Treatment to date has included physical therapy, aquatic therapy, acupuncture, epidural steroid injections, bracing, rest, and medications including pain, anti-epilepsy, antidepressant, diuretic, muscle relaxant, anti-anxiety, and sleep. On February 12, 2015, the injured worker complains of lumbar spine pain, which has increased since the last visit. The pain is described as constant, sharp, achy, burning and radiating into the bilateral legs, greater on the right than the left. Associated symptoms include numbness, tingling, and weakness of the legs. Her pain is rated 7/10. She is not currently working. The physical exams revealed a left-sided antalgic gait, exacerbation of her antalgic gait with heel-toe walk, and diffuse tenderness of the lumbar paraspinal muscles with spasm and guarding. There was decreased lumbar range of motion, decreased sensation in the right lumbar 4 and lumbar 5 dermatomes, and normal muscle testing in the bilateral lower extremities, except for the right big toe extensors (lumbar 5) and right knee extensors (lumbar 4) were diminished. The treatment plan includes a urine toxicology screen and Lasix 20mg.

Lasix 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National guideline clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.rxlist.com/lasix-drug.htm.

Decision rationale: Guidelines do not address this drug, but prescribing information notes that the drug is a profound diuretic and can lead to dehydration and serious dehydration. The prescribing physician states that the patient complains of leg swelling due to medications, however there is no evaluation of this issue. There is no exam documenting the extent of edema, there is no cardiovascular exam, there are no blood pressures monitored or electrolyte monitoring as is standard with this medication. In addition, several of the medications are being altered or

discontinued. Under these circumstances, the Lasix 20mg #30 is not medically necessary and appropriate.

Gabapentin 600 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19.

Decision rationale: The MTUS Guidelines support the use of Gabapentin for neuropathic pain which this patient has, however the Guidelines note what is considered a reasonable response to consider its use long term i.e. a 30% improvement in pain. It is clearly documented that the patient states that the Gabapentin is not useful and wants/has discontinued its use. The Gabapentin 600mg #90 is not supported by Guidelines and is not medically necessary.

Flexeril 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: MTUS Guidelines are specific with the recommendation that Flexeril not be utilized on a long term basis i.e. over 3 weeks. Guidelines do support limited periodic use for distinct flare-ups of chronic low back pain, but the long term daily use as prescribed is not supported. There are no unusual circumstances to justify an exception to Guidelines. The Flexeril 10mg #90 is not supported by Guidelines and is not medically necessary.