

Case Number:	CM15-0088884		
Date Assigned:	05/13/2015	Date of Injury:	08/15/2007
Decision Date:	06/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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: Emergency 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 (IW) is a 60-year-old male who sustained an industrial injury on 08/15/2007. The initial injury is not detailed in the records received. The injured worker was diagnosed with lumbar spinal stenosis, lumbar radiculopathy, and lumbar spine status post-surgery (05/10/2014). Treatment to date has included medications for pain and muscle spasm with a medication for gastro-intestinal prophylaxis. At the exam of 03/06/2015, the worker complained of continued low back pain and worsening left leg pain. The left leg had a severe burning sensation and uncontrolled "tapping of his left foot" with a tremor. Objectively there was tenderness to the lumbar spine, a positive straight leg raise, limited range of motion of the lumbar spine with pain, and weakness to the right ankle. The treatment plan included the above medications. Additional lumbar spine surgery has been recommended and discussed with the patient. A request was made for Norco 10/325mg #60, Omeprazole 20mg #60, Cyclobenzaprine Hydrochloride 7.5mg #60; Follow up evaluation with a pain management specialist (lumbar).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco is not medically necessary. According to the CA MTUS Chronic Pain Medical Treatment Guidelines, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain and worsening left leg pain. The left leg had a severe burning sensation and uncontrolled "tapping of his left foot" with a tremor. Objectively there was tenderness to the lumbar spine, a positive straight leg raise, limited range of motion of the lumbar spine with pain, and weakness to the right ankle. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met; the request is not medically necessary.

Omeprazole 20mg #60: 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 Chapter, PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested Omeprazole is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has continued low back pain and worsening left leg pain. The left leg had a severe burning sensation and uncontrolled "tapping of his left foot" with a tremor. Objectively there was tenderness to the lumbar spine, a positive straight leg raise, limited range of motion of the lumbar spine with pain, and weakness to the right ankle. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #60: Upheld

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

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

Decision rationale: The requested Cyclobenzaprine Hydrochloride is not medically necessary. The CA MTUS Chronic Pain Treatment Guidelines do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued low back pain and worsening left leg pain. The left leg had a severe burning sensation and uncontrolled "tapping of his left foot" with a tremor. Objectively there was tenderness to the lumbar spine, a positive straight leg raise, limited range of motion of the lumbar spine with pain, and weakness to the right ankle. The treating physician has not documented duration of treatment, spasticity or hyper tonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, the request is not medically necessary.