MAXIMUS Federal Services

Case Number:	CM14-0118724		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2009
Decision Date:	09/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 10/1/2009. Per primary treating physician's progress report dated 5/27/2014, the injured worker complains of back pain radiationg from low back down left leg. He rates his pain with medications at 7/10 and without medications 10/10. He states he is worried about his recent weight loss of 20 pounds over the course of two months,. He sates he has changed his diet and is exercising 5 days a week. Quality of sleep is fair. He is also trying exercise program in functional restoration program for pain relief. He denies any new injury since last visit. Activity level has remained the same. He states that medications are working well, and requests medications to address acute muscle spasms noted with increased physical exercise and activities. On examination of lumbar spine, there is loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion is restricted with flexion limited to 40 degrees limited by pain, extension limited to 5 degrees limited by pain, bilateral lateral bending limited to 10 degrees limted by pain, bilateral rotations limited to 30 degrees limited by pain. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is noted on the left side. No spinal process tenderness is noted. He cannot walk on heels or n toes. Lumbar facet loading is positive on the left side. Straight leg raising test is positive on the left side. Ankle jerk is 2/4 on the right side and 1/4 on the left side. Trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles on left. Motor examination notable for EHL, ankle dorsi flexor, ankle plantar flexor, knee extensor, knee flexor, and hip flexor strength is 5/5 on the right and 4/5 on the left. Light touch sensation is decreased over first toe on the left. Sensation to pin prick is decreased over lateral calf, lateral thigh, first toe, and fifth toe on the left side. Diagnoses include 1) post lumbar laminectomy syndrome 2) lumbar radiculopathy 3) disc disorder lumbar 4) low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorozone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 65.

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

Decision rationale: The MTUS Guidelines recommend the use of 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. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. Chlorzoxazone works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system. Advantages over other muscle relaxants include reduced sedation and less evidence for abuse. Side effects include drowsiness and dizziness. The injured worker reports that he is exercising 5 days a week, and request medication for increased spasms due to exercise. There is no indication of new injury or spasms that may benefit from short term use of muscle relaxants. Muscle soreness from daily exercise is not consistent with a new injury or increased spasm. Medical necessity for this medication has not been established.The request for Lorozone 750mg #60 is determined to not be medically necessary.

Duragesic 12 mcg/hr patch #10: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, opioids Page(s): 78-80, 93, 111,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) section, Opioids section Page(s): 44; 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of Duragesic patch as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the

management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. The injured worker is noted to be chronically injured, being injured over four years ago. He has participated in a functional restoration program, and has been exercising five days a week. The pain medication is reported to improve his pain from 10/10 to 7/10. The request for Duragesic 12 mcg/hr patch #10 is determined to be medically necessary.

Norco 325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is noted to be chronically injured, being injured over four years ago. He has participated in a functional restoration program, and has been exercising five days a week. The pain medication is reported to improve his pain from 10/10 to 7/10. The request for Norco 10-325mg #90 is determined to not be medically necessary.