

Case Number:	CM14-0122993		
Date Assigned:	09/25/2014	Date of Injury:	05/10/2000
Decision Date:	10/27/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain medicine, and is licensed to practice in Georgia. 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:

The claimant is a 64-year-old presenting with chronic pain following a work related injury on May 10, 2000. The claimant has a history of lumbar laminectomy. On July 21, 2014, the claimant complained of left sided stabbing back pain with radiation down the left leg with a heavy numb sensation. The pain was rates as a 9/10 without medications and 5/10 with medications. The physical exam showed antalgic gait with limited low back range of motion on flexion and extension, muscle spasm upon palpation of the lumbar trunk with loss of lordotic curve, downgoing toes to plantar reflex bilaterally, weakness with great toe extension, motor strength of 4/5 for left knee extension and left thigh extension, altered sensation to light touch and pinprick in the left lateral calf and bottom of foot, absent Achille's reflex in the left ankle and 1+ on the right and 1+ knee reflexes. MRI of the lumbar spine showed herniated disk at L5-S1 with extruded material compressing the left S1 nerve root and postoperative changes from previous laminectomy at L4-5. A claim was made for multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg, 140 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Infact the claimant was designated permanent and stationary; therefore the requested for Oxycodone 30 mg, 140 count is not medically necessary or appropriate.

Flexeril 10 mg, 60 count: Upheld

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

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

Decision rationale: The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. The request for Flexeril 10 mg, 60 count, is not medically necessary or appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 Complaints, Treatment Consideration

Decision rationale: MRI of the lumbar spine is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the

flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). There was lack of documentation that the claimant's physical exam has changed since his last MRI; therefore the request for an MRI of the lumbar spine is not medically necessary or appropriate.