

Case Number:	CM14-0154739		
Date Assigned:	09/24/2014	Date of Injury:	12/08/2012
Decision Date:	01/05/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Management and is licensed to practice in Texas & Florida. 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 injured worker is a 32 year old male with an industrial injury dated December 8, 2012 the mechanism of the injury not provided in the available medical records. Medical diagnosis is low back pain, lumbar discogenic pain, lumbar radicular pain, sacroiliac joint pain, myofascial pain and chronic pain syndrome. The complaint noted in progress note on September 4, 2014 was low back and left lower extremity pain described as aching, burning and pins and needles in his low back left greater than right, he also has stabbing and numbness in his anterior right thigh and burning and aching in his poster lateral left leg. The pain is described as worse with sitting, bending and lifting and better with medications, laying down, heat and ice. The pain is noted as worse since prior appointment on August 1, 2014. The physical exam by the primary physician on September 4, 2014 decreased sensation over the left lower extremity in the L5-S1 dermatome, sacroiliac joints tender on the left, positive Patrick's sign and Gaenslen's maneuver on the left, tenderness over the paraspinals on the left, increased pain with flexion and extension and positive straight leg raise bilaterally. Diagnostic testing done to date electromyogram (EMG) and nerve conduction study which was negative on August 7, 2014, lumbar Magnetic resonance imaging (MRI) showed mild disc desiccation at L4-5, left foraminal subtle disc at L4-5 which causes narrowing of the canal was done on February 22, 2014. Treatment has included Hydrocodone/acetaminophen, Naproxen, Flexeril, Omeprazole and Gabapentin. The patient completed PT, chiropractic treatment and some acupuncture treatments but these treatments did not provide any sustained pain relief. Treatment plan included the request for aqua therapy and acupuncture to low back. On September 8, 2014 the primary care physician requested Flexeril 7.5mg #60, Gabapentin 600mg #90, Norco 10/325mg #120, Naproxen 550mg #60, Omeprazole 20mg #60, Lumbar spine acupuncture treatment 1x6 and Lumbar spine aquatic therapy 1x6. The Utilization Review on September 18, 2014 non-certified Lumbar spine acupuncture treatment

1x6 and Lumbar spine aquatic therapy 1x6 and modified Flexeril 7.5mg #60 and Norco 10/325mg #120 based on MTUS, ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, last updated 09/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard NSAIDs and PT treatments. The chronic use of muscle relaxants is associated with the increased incidence of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Flexeril for a longer period than the guideline recommended maximum period of 3-4 weeks. The criteria for the use of Flexeril 7.5mg #60 were not met, therefore the request is not medically necessary.

Norco 10/325 mg, QTY: 120: 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 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for treatment of exacerbations of severe musculoskeletal pain that did not respond to treatment with standard NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation and adverse interaction with other sedatives. The guidelines recommend that required documentation during chronic opioid treatment should include pain contract, UDS, pills count, compliance measure and monitoring and absence of adverse drug effects and aberrant behaviors. The records indicate that the patient had been on chronic treatment with Norco medication. The required documentation was not provided in the records provided. The records indicate that the patient is responding to treatment with NSAIDs and Gabapentin the criteria for the use of Norco 10/325 #120 was not met, therefore the request is not medically necessary.

Acupuncture treatment for the lumbar spine, 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS / Acupuncture and the ODG guidelines addressed the use of acupuncture in the treatment of chronic musculoskeletal pain. It is recommended that acupuncture treatments can be repeated if there is documentation of significant beneficial effects from previous treatments. The records indicate that the patient completed some acupuncture treatments in the past but did not observe any sustained pain relief or improvement in function. The criteria for acupuncture treatments to lumbar spine x1/week for 6 weeks was not met, therefore the request is not medically necessary.

Aquatic therapy for the lumbar spine, 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.42.2 Page(s): 22, 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that aquatic exercise therapy can be utilized for the treatment of musculoskeletal pain. Aquatic exercise can provide advantage over land based exercise because it reduces the effects of gravity leading to increased range of motion. The record did not show that the patient had limitation with weight or effect of gravity. The patient reported that the beneficial effects from past PT was not sustained. The criteria for aquatic therapy for the lumbar spine x1 / week for 6 week was not met.