

Case Number:	CM15-0172123		
Date Assigned:	09/14/2015	Date of Injury:	06/02/2006
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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 71 year old female injured worker suffered an industrial injury on 6-2-2006. The diagnoses included severe osteoarthritis of the left hip, left total hip replacement, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, lumbar disc bulges, and tear of the right rotator cuff. On 6-15-2015, the treating provider reported her pain level had increased, "due to no medications" rated 8 out of 10. There was left hip pain with popping and shooting pain down the left leg. The low back pain increased radiating down both legs. There were muscle spasms greater at night with numbness and tingling in both calves. On exam, "she lacks 14 inches from touching toes". The Utilization Review on 8-26-2015 determined non-certification/modification for Hydrocodone/APAP (acetaminophen) 5/325 mg Qty 60, Cyclobenzaprine 10 mg Qty 30, Tramadol 50 mg Qty 200, MRI (magnetic resonance imaging) Lumbar spine and Ketorolac with Xylocaine IM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (acetaminophen) 5/325 mg Qty 60, 1 daily as needed for pain:

Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. This patient had previously taken this medication with notable pain relief and functional improvement. No aberrations were noted in the records. I am reversing the previous utilization review decision. Hydrocodone/APAP (acetaminophen) 5/325 mg Qty 60, 1 daily as needed for pain is medically necessary.

Cyclobenzaprine 10 mg Qty 30, 1 tablet 1 hour before bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Cyclobenzaprine 10 mg Qty 30 is not medically necessary.

Tramadol 50 mg Qty 200, 1-2 tablets, 4 times daily as needed for pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. This patient had previously taken this medication with notable pain relief and functional improvement. No aberrations were noted in the records. I am reversing the previous utilization review decision. Tramadol 50 mg Qty 200 is medically necessary.

MRI (magnetic resonance imaging) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS 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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. This patient has no new injuries or red-flag diagnoses. MRI (magnetic resonance imaging) Lumbar spine is not medically necessary.

Ketorolac with Xylocaine IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Injection with anesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. This patient has received this pain injection in the last three office visits without reporting significant pain relief for a sustained period or any functional improvement. Ketorolac with Xylocaine IM is not medically necessary.