MAXIMUS Federal Services

Case Number:	CM15-0176807		
Date Assigned:	09/17/2015	Date of Injury:	03/25/2015
Decision Date:	11/18/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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: Orthopedic Surgery

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 47 year old male, who sustained an industrial injury on 3-25-2015, resulting from a motor vehicle accident. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Currently, the injured worker complains of neck pain and right sided low back pain, "which is quite severe". He had some "milder" left sided low back pain and left lower extremity pain. His pain was not numerically rated and sleep pattern was not described on 8-18-2015. Physical exam of the right lower extremity noted quadriceps strength 4 of 5 and right hip flexors 3 of 5. He also had "anterior thigh numbness". No other objective findings were documented on 8-18-2015. Magnetic resonance imaging of the lumbar spine (6/2/15) noted diffuse posterior and right foraminal bulge of L3-4 disc, causing mild narrowing of the central canal and severe neural foramina on the right side. The bulge measured approximately 3mm in size. Diffuse bulges were also noted L4-5 and L5-S1, causing mild narrowing of the central canal and neural foramina bilaterally. Mild generalized facet arthropathy was also noted. He was dispensed medications for pain, muscle spasm, and insomnia. He remained off work. Cyclobenzaprine was noted since at least 3-26-2015 and Norco and Lunesta since at least 7-07-2015. A pain medicine consult note (8-17-2015) noted frustration with pain, "poor sleep" and depression, at which time pain was rated 8-9 out of 10. The treatment plan included a right L3-4 microdiscectomy and pharmacy purchase of Norco 10-325mg #120, Naprosyn, Flexeril 10mg #90, and Lunesta 2mg #60. On 8-24-2015, Utilization

Review (UR) non-certified the spinal surgery and medications (Flexeril 10mg #90 and Lunesta 2mg #60). The UR modified Norco to 10-325mg #60 and certified Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 microdiscectomy: Overturned

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

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

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient, there is evidence of significant weakness in the right lower extremity correlating with the MRI of 6/2/15. Therefore, the guideline criteria have been met and determination is for certification; the request is medically necessary.

Norco 10/325mg #120: 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): Opioids, criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/18/15. Therefore, the request is not medically necessary and the determination is for non-certification.

Flexeril 10mg #90: 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): Muscle relaxants (for pain).

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." In this particular case, the patient has no evidence in the records of 8/18/15 of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. Therefore, the request is not medically necessary and non-certified.

Lunesta 2mg #60: 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) Mental Illness and Stress chapter, Lunesta.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Lunesta. According to the ODG, Mental Illness and stress chapter, Lunesta is, "Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers." In this case, there is lack of documentation from the exam note of 8/18/15 of improved insomnia to support Lunesta. Therefore, the request is not medically necessary and the determination is for non-certification.