

Case Number:	CM15-0034791		
Date Assigned:	04/15/2015	Date of Injury:	03/25/2007
Decision Date:	05/29/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation

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 60-year-old male who sustained an industrial injury on 03/25/07. Initial complaints included pain in the lower back and initial diagnoses include lumbar sprain/strain. Treatments to date include medications. Diagnostic studies include a MRI of the lumbar spine and nerve conduction studies. Current complaints include chronic pain in the lower back and lower legs. Current diagnoses include lumbar disc disease with myelopathy. In a progress note dated 01/06/15 the treating provider reports the plan of care includes a MRI of the lumbar spine, and medications including Norco, Neurontin, and FexMed. The requested treatments are a MRI of the lumbar spine, Lunesta, gabapentin, cyclobenzaprine, 3 random urine drug screens and 3 random blood levels. The request for authorization form was dated 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that there must be unequivocal objective findings that identify specific nerve compromise on the neurologic examination and 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 ordering an imaging study. During the physical examination on 01/06/2015, the injured worker indicated that his pain was severe in the low back with some lower extremity pain. However, the physical examination did not reveal any neurological deficits. There was no documentation of failed conservative care prior to the request for the imaging study. Given the above, the request is not medically necessary.

Lunesta 1mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Eszopicolone (Lunesta).

Decision rationale: The request for Lunesta 1 mg #30 is not medically necessary. The Official Disability Guidelines do not recommend Lunesta for long-term use. The clinical documentation did not indicate if the injured worker suffered from insomnia. Additionally, the clinical documentation submitted for review provided evidence that the injured worker had been on this medication for an extended duration of time. Given the above, the request is not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for gabapentin 300 mg #90 is not medically necessary. The California MTUS Guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation did not include documentation of an objective decrease in pain of at least 30% to 50% or an

objective functional improvement with the use of the medication. As such, the ongoing use is not supported. Given the above, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: The request for cyclobenzaprine 7.5 mg #60 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provided evidence that the injured worker has been on this medication for an extended duration of time and there was a lack of documentation of objective improvement. As such, the ongoing use is not supported. Given the above, the request is not medically necessary.

3 Random Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009 (Opiates, steps to avoid misuse/addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for 3 random urine drug screens is not medically necessary. The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk or misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. The rationale for the requested 3 random urine drug screens was not provided. Given the above, the request is not medically necessary.

3 Random Comprehensive Metabolic Panels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin, School of Nursing, Family Nurse Practitioner Program, Evaluation for hair loss in adult women, page 18.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Labs Tests Online.

Decision rationale: The request for 3 random comprehensive metabolic panels is not medically necessary. According to Lab Tests Online, the comprehensive metabolic panel is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney or liver related side effects. The clinical documentation indicated that the injured worker had 1 kidney after a colon resection; however, the rationale for the requested 3 random comprehensive metabolic panels was not provided. Given the above, the request is not medically necessary.