

Case Number:	CM15-0072033		
Date Assigned:	04/22/2015	Date of Injury:	02/08/2003
Decision Date:	05/27/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/15/2015

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: Pennsylvania, Ohio, 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 55 year old female who sustained an industrial injury on 02/08/2003. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and lumbar facet syndrome status post lumbar fusion, cervical spine sprain/strain with degenerative disc disease and bilateral upper extremity radiculitis and psychiatric complaints. Treatment to date includes lumbar spine magnetic resonance imaging (MRI) on October 9, 2014, surgery, epidural steroid injection (ESI) last date in December 2014, physical therapy, spinal cord stimulator (SCS) trial and medications. The injured worker is status post anterior fusion L5-S1-S1 in 2011, status post failed spinal cord stimulator (SCS) and removal in 2010. According to the primary treating physician's progress report on March 26, 2015, the injured worker continues to experience low back pain radiating to the left lower extremity and weight gain from inactivity. There was no height, weight or body mass index (BMI) documented. Examination of the lumbar spine demonstrated tenderness to palpation over the paravertebral muscles and the left sciatic notch with spasm. Straight leg raise test is positive eliciting radicular symptoms in the left lower extremity. There was noted decreased range of motion and decreased sensation in the L5 and S1 dermatomes. The injured worker rates her pain level at 7/10 with medication and 8-9/10 without medication and duration of relief is 3-4 hours. Current medications are listed as Fexmid and Norco. Treatment plan consists of authorized lumbar spine surgical consultation and the current request for medication renewal and a weight loss program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

1 Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacological and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005, Apr 5;142 (7): 525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 Consultation, Page 127.

Decision rationale: ACOEM recommends consultation with another health provider when such consultation may be beneficial to patient management. The records in this case contain very limited detail regarding the patient's body mass index and initial weight loss methods. Most notably, these treatment guidelines would support referral to other licensed healthcare providers; the records do not clarify the type of weight loss program requested at this time or whether such a provider would be licensed. Without additional such detail, this request is not supported by treatment guidelines. The request is not medically necessary.

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale

or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.