

Case Number:	CM15-0078130		
Date Assigned:	04/29/2015	Date of Injury:	12/01/2010
Decision Date:	06/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/23/2015

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: Family Practice

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 41 year old female, who sustained an industrial injury on December 10, 2010. The injured worker was diagnosed as having lumbar disc disease, facet arthropathy and discogenic condition and chronic pain. Treatment and diagnostic studies to date have included Transcutaneous Electrical Nerve Stimulation (TENS) unit, topical and oral medication and chiropractic. A progress note dated March 5, 2015 provides the injured worker complains of back pain radiating down left leg. Physical exam notes lumbar tenderness and decreased range of motion (ROM) and lumbosacral tenderness. The plan includes Naproxen, Ultracet, Norflex, Effexor and consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with spine surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with occupational injuries who have persistent low back complaints. Within these guidelines are the criteria for the use of surgical consultation. The indications for surgical consultation with a spine surgeon are as follows: Surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. The medical records indicate that the patient has had normal EMG studies. Further, the description of the patient's symptoms is not consistent with a radiculopathy. For these reasons, per the above cited MTUS guidelines, consultation with a spine surgeon is not medically necessary.

Norflex 100mg #60: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants including Norflex. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Norflex is being prescribed as a long-term treatment for this patient's symptoms. Long-term treatment with a muscle relaxant is not consistent with the above cited guidelines. Further, there is insufficient documentation in the records that current use of Norflex has been associated with a clinically meaningful improvement such as a reduction in the amount of pain, a reduction in the use of analgesic medications, or improved function. For these reasons, Norflex is not medically necessary.

Effexor slow release 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of antidepressants, such as Effexor, for patients with chronic pain. These drugs are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, there is insufficient documentation that the patient has been given an adequate trial of a first line agent, such as a tricyclic antidepressant. Further, there is no evidence that the use of a tricyclic antidepressant is contraindicated in this patient. There is also insufficient documentation that the current use of Effexor has been associated with improved outcomes such as a change in the use of other analgesic medications, sleep quality and duration and psychological assessment. Finally, there is insufficient evidence that the current use of Effexor has been associated with improved control of pain. For these reasons, Effexor is not considered as medically necessary.