

Case Number:	CM15-0078169		
Date Assigned:	04/29/2015	Date of Injury:	06/19/2012
Decision Date:	07/01/2015	UR Denial Date:	03/23/2015
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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 37 year old male, who sustained an industrial injury on 6/19/2012. He reported an injury to his back. Diagnoses have included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status post bilateral femur fracture, left foot drop, right wrist sprain and bilateral sacroiliac joint arthropathy. Treatment to date has included lumbar magnetic resonance imaging (MRI), epidural injection and medication. According to the progress report dated 3/3/2015, the injured worker complained of low back pain rated 7-10/10. Physical exam revealed an antalgic gait to the left. There was diffuse tenderness to palpation with guarding over the lumbar paravertebral musculature. There was moderate facet tenderness to palpation over L4 through S1. Authorization was requested for a surgery consult, Lumbar-Sacral Orthosis (LSO) brace, Fexmid and Tylenol #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: Referral for 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, and "failure of conservative treatment to resolve disabling radicular symptoms." In this case, electro diagnostic testing of the lower extremities shows no evidence of lumbar radiculopathy or change in the patient's condition since 2012. There is no documentation to support that the patient has a lesion that will benefit from surgical intervention. The request should not be authorized.

LSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Lumbar & thoracic, Lumbar supports.

Decision rationale: LSO brace is a lumbar support device. Lumbar support is not recommended for prevention. It is indicated for compression fractures and specific treatment of spondylolisthesis, and documented instability. It may be used for treatment of nonspecific LBP, but the supporting evidence is very low-quality evidence. In this case, the patient is not suffering from spondylolisthesis or compression fractures. There is no documented instability. There is no indication for lumbosacral support. The request should not be authorized.

Fexmid 7.5mg Qty:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Fexmid is the muscle relaxant cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the patient has been using muscle relaxants since at least August 2012. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.

Tylenol #4 Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Tylenol #4 is the compounded medication containing codeine and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case, the patient has been receiving tylenol with codeine since at least August 2012 and has not obtained analgesia. In addition, there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.