MAXIMUS Federal Services

Case Number:	CM15-0091299		
Date Assigned:	05/15/2015	Date of Injury:	07/22/2008
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/12/2015

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, Pain Management

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 38 year old male who reported an industrial injury on 7/22/2008. His diagnoses, and/or impressions, are noted to include: multi-level lumbar degenerative disc disease, post lumbar laminectomy syndrome, and chronic lumbar pain associated with bilateral lower extremity numbness/tingling. No current imaging studies are noted. His treatments have included surgery and medication management. The progress notes of 4/30/2015 reported a follow-up evaluation for his moderate- severe left elbow, and moderate back pain. His elbow pain is described as aching/burning/ inconsistent/ pressure/pulling/shooting/throbbing, with numbness/tingling, and with arm weakness, aggravated by activity, elbow extension and flexion. His back pain is described as being in the lumbar area, aching/burning/pulling/shooting/shock-like and is associated with stiffness/numbness/tingling/ weakness, and radicular pain, in the bilateral legs; worsened by activity, and back and hip extension and flexion. His nociceptive, neuropathic and inflammatory pain is reported to be substantially improved with medications. The objective findings were noted to include neuropathic pain post-discectomy/laminectomy and re-do surgeries; difficulty getting on/off the exam table; little spontaneous motion of the lumbar region, moving in a stiff fashion with worsened antalgic gait and tilt; decreased muscle strength; positive straight leg raise; decreased deep tendon reflexes; and a decrease in sensation on the right. The physician's requests for treatments were noted to include x-rays of the bilateral hips, lumbar spine, right hand, left arm and left elbow; and Inderal, Flexeril and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray Flexion extension of the bilateral hips: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-Ray.

Decision rationale: Regarding the request for hip x-ray, California MTUS does not contain criteria for hip radiographs. ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis or in patients sustaining a severe injury. Within the documentation available for review, there is no indication of a severe acute injury. Additionally, there is no physical examination findings related to the patient's hip, no identification that the patient has failed any conservative treatment for these complaints, and no statement indicating how the treatment plan would be affected based upon the outcome of the currently requested imaging study. In the absence of such documentation, the currently requested hip X-ray is not medically necessary.

Inderal 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Up-to-date Online, Hypertension.

Decision rationale: Inderal is a beta-blocker that is an anti-hypertensive, but may also be used for cardioprotection, rate control in patient with atrial fibrillation, and migraine prophylaxis. Regarding the request for this anti-hypertensive, California MTUS guidelines and ODG do not contain criteria for the use of this medication. A search of an evidence-based online database states that hypertension may be primary, which may develop as a result of environmental or genetic causes, or secondary, which has multiple etiologies, including renal, vascular, and endocrine causes. Diagnosis includes accurately measuring the patient's blood pressure, performing a focused medical history and physical examination, and obtaining results of routine laboratory studies to evaluate for associated co-morbidities and possibly secondary hypertension. Guidelines from the JNC, American diabetes Association, and American Heart Association recommend lifestyle modification as the 1st step in managing hypertension. They go on to state that if lifestyle modifications are insufficient to achieve the goal blood pressure, there are several drug options for treating and managing hypertension. Within the documentation available for review, there is no indication that the patient has had adequate workup for the diagnosis of hypertension. Additionally, there is no clear rationale specified in recent notes from March and

April 2015 which explain why this medication is utilized. Given this, this request is not medically necessary.

Flexeril 10mg #60 with 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Instead this is a request for a prolonged course of Flexeril for several months. Given this, the current request is not medically necessary.

Topamax 25mg #60 with 3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDS Page(s): 16-21.

Decision rationale: Regarding request for Topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of any specific analgesic benefit of 70% pain reduction in a progress note from 4/3/15. The provider documents the presence of neuropathic pain. The patient has been stable on these dosages of Topamax for some time, and therefore it medically necessary.