Case Number:	CM16-0247802		
Date Assigned:	12/30/2016	**Date of Injury:**	11/02/2016
Decision Date:	02/01/2017	**UR Denial Date:**	12/05/2016
Priority:	Standard	**Application Received:**	12/27/2016

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: Texas,Illinois
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pediatric Rehabilitation 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:

This case involves a now 45-year-old male with a history of an occupational claim from 11/02/2016. The mechanism of injury is detailed as the patient bent down to pick up a wrench and felt a slight strain on the back. The current diagnosis is documented as other intervertebral disc displacement of the lumbar region. Prior relevant treatment included injections, medications, and acupuncture. Relevant medications included Norco, Ketaprofen, and cyclobenzaprine. Diagnostic studies included an MRI of the lumbar spine performed on 11/25/2016 which was noted to reveal right lateral recessed disc extrusion/fragment extending below the level of the disc and completely filling the right lateral recess, mild annular bulging with mild to moderate facet degeneration at L4-5, trace annular bulging and facet degeneration with mild thecal sac narrowing and minimal foraminal narrowing at L3-4 with a small posterior disc protrusion, annular fissure with mild thecal sac narrowing at L1-2. On 11/14/2016, the patient was seen for an evaluation reporting mild to moderately severe back pain. The physical examination revealed abnormal gait with limp, spasms in the paravertebral musculature with tenderness, and restricted range of motion. Motor strength, sensation, and reflexes were normal. The treatment plan included medications. On 11/29/2016, the patient was seen for an evaluation regarding lower back pain. The physical examination revealed severity of pain at a 2/10. The patient had normal gait with full weight bearing on both lower extremities. There were spasms of the paravertebral musculature with tenderness and restricted range of motion. Range of motion was demonstrated with flexion with fingertips approximating the knee and extension 15/30 degrees. Straight leg raise was positive on the right at 60 degrees. Motor strength, sensation, and reflexes were

normal. The treatment plan included medications. The Request for Authorization form was received on 11/28/2016. The prior review, dated 12/05/2016, indicated that the request for spine surgery evaluation was non-certified due to a lack of documented evidence of failure of conservative treatment, red flag conditions, surgical indication, as well as focal neurologic deficits to support the request. Additionally, the requested medications were non-certified due to a lack of documented evidence of muscle spasms, topical lidocaine is only indicated for peripheral neuropathic pain which was not present, and there was a lack of evidence to support additional use of opiates. The retrospective request for cyclobenzaprine provided on 11/14/2016 was non-certified as the patient was previously using a different muscle relaxant medication. There is no indication for the need to have a second muscle relaxant nor was there documentation of complaints of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery evaluation for the lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Office visits.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines indicate that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical information indicated the patient complained of continued pain of the lumbar spine. The most recent physical examination revealed restricted range of motion, positive straight leg raise on the right at 60 degrees and spasms of the paravertebral musculature with tenderness. The MRI of the lumbar spine, dated 11/25/2016, revealed right lateral recessed disc extrusion/fragment extending below the level of the disc and completely filling the right lateral recess, mild annular bulging with mild to moderate facet degeneration at L4-5, trace annular bulging and facet degeneration with mild thecal sac narrowing and minimal foraminal narrowing at L3-4 with a small posterior disc protrusion and annular fissure with mild thecal sac narrowing at L1-2. A recommendation was made for a spine surgery evaluation for the lumbar spine. Given the findings on imaging and examination indicative of neurological compromise, the requested evaluation is appropriate. As such, the request is medically necessary.

Orphenadrine Citrate ER 100mg tabs #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Muscle relaxants (for pain).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend muscle relaxants to reduce pain and muscle tension and improve mobility. The clinical information indicated the patient had been using the requested medications since at least 11/07/2016. However, there is a lack of documentation with quantified evidence of numerical pain relief, increased function, and decreased muscle tension with prior use of the medication to warrant continuation. The physical examination revealed continued muscle spasms. Moreover, there were no exceptional factors to warrant continued use of the medication outside guidelines as long term use is not recommended. As such, the request is not medically necessary.

Lidocaine 5% patch #1: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical information indicated the patient complained of continued pain of the lumbar spine. However, there is a lack of documented evidence of a contraindication or a intolerance to the use of oral medications to support the requested topical analgesic. Moreover, there is no documented evidence indicating neuropathic pain to support the requested medication. As such, the request is not medically necessary.

Norco 5/325mg oral tablet, one tablet twice daily 14 days #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.9 Opioids for Chronic Pain and Chronic Opioid Treatment: Maintenance of Chronic Opioid Treatment.

Decision rationale: The California MTUS Opioid Treatment Guidelines recommend continued use of opioid medications with documented evidence of meaningful improvement in pain level, pain interference and function, as well as documentation of any side effects and/or aberrant behavior. The clinical information indicated the patient has been using the requested medication since at least 11/07/2016. However, there is a lack of documentation with quantified evidence of numerical pain relief and increased function with prior use of the medication to warrant continuation. In addition, there was a lack of documentation, such as a recent urine drug screen,

demonstrating continued monitoring and compliance of medication regimen to support continuation. As such, the request is not medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this patient. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the patient is advised to speak with their treating physician. The treating physician and the patient are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this patient.

Retrospective Cyclobenzaprine 5mg tab #30 DOS: 11/14/16: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend muscle relaxants to reduce pain and muscle tension and improve mobility. Cyclobenzaprine is not recommended longer than 2-3 weeks. The clinical information indicated that the patient has been using muscle relaxants since at least 11/07/2016. On 11/14/2016, the patient was provided cyclobenzaprine due to muscle spasms found on physical examination. However, there is a lack of documentation with quantified evidence of numerical pain relief, increased function, and decreased muscle tension with prior use of the medications to support the requested medication provided on this date. Additionally, there is no clear rationale for the dispensed medication, cyclobenzaprine as the patient was previously using orphenadrine. As such, the request is not medically necessary.