

Case Number:	CM17-0016311		
Date Assigned:	01/26/2017	Date of Injury:	11/10/2016
Decision Date:	02/28/2017	UR Denial Date:	01/19/2017
Priority:	Standard	Application Received:	01/23/2017

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, Ohio, 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:

This case involves a now 40-year-old male with a history of an occupational claim from 11/10/2016. The mechanism of injury is detailed as a lifting injury. The current diagnosis is documented as sprain of ligaments of lumbar spine. Treatment to date includes modified work activity, home exercise program, and medications. On 01/09/2017, the patient continued to report pain rated 6/10 to 10/10 on VAS. Physical exam revealed decreased strength, sensation in the left L5-S1, decreased range of motion, a positive straight leg raise test on the right, and inability to perform heel to toe walk. Treatment plan included MRI of the lumbar spine, physical therapy, and medications for pain and spasms. A Request for Authorization was not provided. The original utilization review dated 01/19/2017 modified the request for physical therapy to initial trial of 6 sessions as recommended by the guidelines. The request for Ultram 50 mg was denied due to medication efficacy was not provided. The request for MRI of the lumbar spine was denied due to there is no documentation the patient has trialed and failed conservative treatment. The request for Flexeril was denied due to long term use of muscle relaxants is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM Guidelines state, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Based on the clinical notes submitted for review, there is a lack of evidence based rationale provided by the physician as to the medical necessity for this request. Physical examination findings revealed no evidence to support nerve compromise or red flag conditions that would warrant imaging studies at this time. Furthermore, there is no evidence to support the patient has trialed and failed at least 6 weeks of conservative care to include physical therapy prior to this request. Given the above, the request for "MRI of the lumbar spine" is not medically necessary.

Eight physical therapy sessions for the lumbar was the original request. Six physical therapy sessions for the lumbar was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Two physical therapy sessions for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend physical therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviate discomfort. Based on the clinical notes submitted for review, the patient continued to report pain despite pain medication, modified work activity, and home exercise program. The prior reviewer authorized a trial of initial 6 sessions of physical therapy. Additional treatment is contingent upon patient response to treatment. Given the above, the request for 2 physical therapy sessions for the lumbar is not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Tramadol (Ultram), and Opioid Treatment 2016, Section(s): 3.3.1.1 Opioids for Chronic Pain and Chronic Opioid Treatment: Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment: Screening for Drug Misuse/Abuse, 3.3.1.2 Opioids for Chronic Pain and Chronic Opioid Treatment: Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment: Screening for Alcohol Misuse/Abuse.

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 ongoing management of patients on chronic opioid treatment. The patient has been on chronic opioid treatment, at least 6 months. This medication is not indicated for long term use. There is no evidence of at least 30% pain relief in terms of VAS with use of the medication. There is no evidence of objective functional improvement to include, activities of daily living, and/or return to work. Additionally, there is no indication the patient is being monitored for adverse side effects, and aberrant drug taking behavior, to include random urine drug screens. Given the above, the request for Ultram 50mg #60 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.

Flexeril 10mg #90: Upheld

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

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

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. This medication is not recommended for longer than 2 to 3 weeks. The patient has been on long term treatment with said medication. There is a lack of evidenced based rationale provided by the physician as to the medical necessity for continued treatment outside of the recommended guidelines. Given the above, the request for Flexeril 10mg #90 is not medically necessary.