

Case Number:	CM13-0012154		
Date Assigned:	12/11/2013	Date of Injury:	09/12/2012
Decision Date:	02/27/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 34-year-old female who reported an injury on 09/12/2012. According to the documentation, the patient actually sustained her injury on 04/01/2010 when she was helping to lift and transfer a 14 to 15-year-old female student who weighed approximately 150 pounds onto a toilet. The student reportedly had gone limp, and the patient grabbed her to keep her from falling and immediately felt a shift in her lower back. The documentation also states that from 09/2002 through 10/2012, the patient sustained continuous trauma to her back and left lower extremity caused by repetitive motions. Regardless, the patient has had ongoing complaints of pain in the left lower extremity, which increased with rotation, reaching overhead, lifting, carrying, pushing and pulling. The pain level varied with a level of 3/10 to 4/10. The patient also stated that she had intermittent pain in the low back with radiating pain to the left leg. Pain also increased with prolonged standing, twisting, walking, lifting, bending, stooping, squatting and lying down on the back and was accompanied with weakness and tingling in the foot. She also stated that the pain level varied throughout the day with a level of a 6/10, but denied experiencing bladder or bowel problems. The patient is currently taking an inhaler for her asthma, Norco, naproxen, tizanidine and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral EMG/NCV LEs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Under California MTUS /ACOEM, it states that 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The documentation notes that the patient has been suffering from chronic low back pain for multiple years; however, there is nothing in the documentation stating that the patient is having any sort of nerve dysfunction with any neurological deficits. Therefore, an EMG/NCV of the lower extremities would not be considered medically appropriate at this time. Therefore, the requested service is non-certified.

Internal Medicine physician for medical marijuana: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

Decision rationale: Under the California MTUS, cannabinoids are not recommended as there are only 11 states that have approved the use of medical marijuana for the treatment of chronic pain. Furthermore, there is no quality-controlled clinical data with cannabinoids. Cannabis use was associated with modest declines in cognitive performance, particularly learning and recall, especially at higher doses. This finding necessitates caution in the prescribing of medical marijuana for neuropathic pain, especially in instances in which learning and memory are integral to a patient's work and lifestyle. At this time, although the patient has been dealing with chronic low back pain for several years, the requested service for a referral to an internal medicine physician for medical marijuana cannot be warranted at this time due to cannabinoids not being recommended for use under the California MTUS.

Zanaflex 4mg 1 tab 2x/day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Under California MTUS, it states that tizanidine is a centrally-acting alpha2-adrenergic agonist that is FDA-approved for the management of spasticity, unlabeled use for low back pain. The patient has been utilizing tizanidine for at least 4 months; however, there are no objective measurements pertaining to the efficacy from the use of this medication as it pertains to the patient's functional improvement and decrease in muscle spasms. Therefore, at this time, the medical necessity for the continued use of Zanaflex cannot be established.

Retrospective topical Dendracin 2x/day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Under the California MTUS, it states under the topical analgesics heading that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The medication being requested includes the ingredient benzocaine, which is a local anesthetic. Under the California MTUS topical analgesics heading, it does note that because this is one of the ingredients listed in the compounded medications not approved under the California MTUS, the requested service cannot be considered medically appropriate. The patient has had ongoing complaints of chronic pain and has utilized oral medications to help reduce her pain. However, the requested service for the topical medication cannot be fulfilled at this time due to Dendracin containing non-recommended ingredients. Therefore, the requested service is non-certified.