

<b>Case Number:</b>	CM13-0049767		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/29/2010
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/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 claimant sustained an injury to the back on December 29, 2010. The mechanism of injury was not provided. The claimant had an MRI study done in August 2011. The MRI study was significant for disc osteophyte complexes at L4 through S1. The medical records indicate that the claimant has undergone some lower levels of care including physical therapy, acupuncture treatment, chiropractic treatment, and participation in a home exercise program. There is mention that electrodiagnostic studies were done which were negative for any lumbar radiculopathy. The claimant is prescribed multiple medications, including Norco, Voltaren, Zanaflex, and the use of medicinal marijuana. The most recent physical examination findings are from September 13, 2013. The claimant was noted to have normal deep tendon reflexes with tenderness to palpation and muscle spasms. 5/5 strength was noted in the lower extremities. Range of motion was decreased with forward flexion to 32° and extension 25°. Side bending was to 10° to the right and left. It was noted that the claimant was a no-show for appointments on December 3, 2013 and December 31, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A FOLLOW UP OFFICE VISIT:** Overturned

**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 OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** The California MTUS guidelines do not specifically address follow-up office visits, so alternate guidelines were used. Based on the Official Disability Guidelines, follow-up office visits are supported to address a medical condition or to monitor medications being prescribed on a regular basis. The records are not clear if the claimant is still being prescribed multiple medications at this time. It was noted that the information supplied was old, with no current clinical records to attest to present need for the services requested. However, the claimant is noted to have degenerative disc disease of the lumbar spine and a disc osteophyte complex at the L4 through S1 levels. The use of anti-inflammatory medications to treat this would be supported. Regular use of oral medications would require follow-up visits to monitor compliance with the medications being prescribed. As such, the request for an office visit is certified.

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Based on the California MTUS guidelines, the use of opioid medications is not supported beyond 16 weeks for back pain complaints. There are no recent objective physical examination findings to support the medical necessity of opioid medications. The claimant is noted to have degenerative disc disease of the lumbar spine, but no other significant findings. There is no documentation that the use of opioid medications has resulted in any improved function. Treatment guidelines would not support the use of opioid medications if there was no documentation of improved function and decreased pain scores. It is also noted that there were several no-shows for follow-up appointments, supporting non-compliance with treatment recommendations on October 31, 2013; December 3, 2013; and December 31, 2013. No recent physical examination findings have been presented. As such, the request is not medically necessary.

**VOLTAREN 75MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** Based on the California MTUS guidelines, the use of anti-inflammatory medications is supported for individuals with arthritic or degenerative changes. There is mention

that an MRI study documented degenerative disc disease at the L4 through S1 level. This would support the use of an anti-inflammatory medication. The request for Voltaren is certified.

**LANAFLEX 4MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** Based on treatment guidelines, the chronic and ongoing use of a muscle relaxant is not supported. Zanaflex is a skeletal muscle relaxant which is only supported for short term use. Treatment guidelines only support the muscle relaxant in individuals with chronic back pain who had an acute exacerbation in symptoms; there is no documentation that the claimant has had an acute exacerbation of the chronic low back pain complaints. As such, the request is not medically necessary.