

Case Number:	CM13-0058051		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2009
Decision Date:	08/22/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 33-year-old male who reported an injury on 05/31/2009 due to continuous trauma. The injured worker complained of low back pain radiating to the left leg with intermittent numbness and tingling in the left lateral foot as well as radiating pain. The injured worker's prior surgeries were status post discectomy/laminectomy in 2011. On physical examination dated 10/28/2013, sitting straight leg raise test was positive for pain radiating down the left leg, negative on the right. Flexion of the lumbar spine was at 80%, with pain radiating to the left calf 5- to 5/5. Left ankle dorsiflexor and invertors were 5/5 on the right. The provider's treatment plan was for the injured worker to continue with H-wave trial, continue the trial of Tizanidine for muscle spasms at 4 mg and is reminded to not mix the oxycodone and Ambien. There is also a treatment request for Medrol pack quantity 1 and a tizanidine 4mg trial. Prior diagnostics for the injured worker was an MRI with evidence for left lumbar L5 to S1 disc protrusion grade 1 L5-S1 retrolisthesis. The injured worker has received chiropractic treatments. The injured worker also received on 07/24/2013 a left L5 and S1 transforaminal epidural steroid injection under fluoroscopic guidance and a left L5 and S1 diagnostic epidurogram. The rationale for the request was for muscle spasm. The Request for Authorization was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE TRIAL 4MG: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic back pain. Muscle relaxants are recommended as to be non-sedating. On physical examination, it was noted that the lumbar spine was at 80% of normal with forward flexion with pain radiating to the left calf with 5- to 5/5 left ankle dorsiflexion and invertor 5/5 on the right. The requested medication is approved for management of spasticity unlabeled use for low back pain. The provider recommended trial of tizanidine 4 mg; however, no documentation of muscle spasms was noted in the most current clinical documentation. In the absence of clear indication or documentation for use, medical necessity was not established. Furthermore, the request as submitted did not include the frequency or quantity of the proposed medication to be given.

MEDROL PACK QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back , Corticosteroids.

Decision rationale: MTUS/ACOEM states that corticosteroids are not recommended. According to the Official Disability Guidelines, corticosteroids are recommended in limited circumstances for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. The criteria for the use of corticosteroids is that the patient should have clear-cut signs and symptoms of radiculopathy, risks of steroids should be discussed with the patient and documented in the record, the patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record. Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The injured worker does not have a clear cut diagnosis of radiculopathy or documentation to establish radicular pain. The efficacy of prior dose packs was not notated in the documentation submitted for review given it was documented this was the injured worker's 4 dose pack. There was no data on the efficacy and safety that would warrant the request and continuation of the proposed medication As such, the request for the Medrol pack quantity 1 is not medically necessary.