

<b>Case Number:</b>	CM14-0105417		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Nevada. 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 records, presented for review, indicate that this 33-year-old individual was reportedly injured on October 24, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 7, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a hypertensive (149/70) individual who was noted to be in no acute distress. Motor function in the extremities was reported to be 5/5. Straight leg raising was negative bilaterally. Deep tendon reflexes were risk (4+) at the left knee and modest (3+) on the right knee. Diagnostic imaging studies objectified multiple level, ordinary disease of life degenerative disc herniation in the lumbar spine. Previous treatment included narcotic medications, physical therapy, and pain management interventions. A request had been made for plain films of the thoracic and lumbar spine, medications and a urine drug screen and laboratory studies and pain management consultation and treatment and was not certified in the pre-authorization process on June 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the lumbar spine to include 7 views plus SI joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** An x-ray is recommended for acute low back pain with red flags for fracture or serious stomach illness, subacute low back pain that is not improving, or chronic low back pain as an option to rule out other possible conditions. In this case, the MRI clearly established the multiple level degenerative disc disease. It is noted that the pain complaints are ongoing; however the drug seeking behaviors noted early on in this claim and the physical examination findings. There is no clear clinical indication presented to support the need for 7 views of the lumbar spine on plain radiograph. The medical necessity has not been established.

**X-ray of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Cervical and thoracic, clinical measures (Electronically cited).

**Decision rationale:** Based on the most recent progress notes presented for review, there are no red flags presented to suggest the need for plain films. MRI studies have been completed documenting the pathology of the spine. Therefore, based on the progress notes presented for review, the medical necessity cannot be established.

**Tizanidine 4mg, #30 with 1 refill:** Upheld

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

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

**Decision rationale:** Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis, which is not supported by MTUS treatment guidelines. Therefore, the medical necessity for this medication has not been established in the progress notes presented for review.

**Butrans patch 5mcg, #4 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated September 2014.

**Decision rationale:** This medication is not addressed in the MTUS or ACOEM guidelines. As noted in the ODG, this is recommended as an option for treatment of chronic pain for selected individuals. When noting the progress notes presented for review, there is no hyperalgesic component that the physical examination reported. This should be the 1st elevator for this preparation. Furthermore, this is not a neuropathic pain situation, and it is not clear from the records, if there is that adherence to the previous particles. Therefore, when noting the parameters outlined in the ODG, and by the progress notes presented for review, there is insufficient medical evidence presented to support the medical necessity of this medication.

**Initial POC-urinde drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Use of Opioids, page 78.

**Decision rationale:** As outlined in the MTUS, the criterion for urine drug screenings are listed and based on a recent progress note, which in this case are not met. Therefore, the medical necessity for this has not been established.

**Unknown initial laboratory panels:** Upheld

**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): Pain chapter, updated September 2014.

**Decision rationale:** As noted in the ODG (MTUS and ACOEM do not address), there are indications for several laboratory studies depending on the medication profile. In that there were no specific laboratory panels outlined, it is not possible to establish the medical necessity for this study.

**Pain management consultation and treatment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Independent Medical Examination, Page 127.

**Decision rationale:** When noting the date of injury, the injury sustained, and the ongoing complaints of pain, a comprehensive clinical evaluation is necessary. There needs to be a complete history of pain, a thorough physical examination completed and a narrative that outlines a treatment plan that is addressing appropriately all the issues. Therefore, based on the medical records presented, this consultation is medically necessary.