

Case Number:	CM14-0161381		
Date Assigned:	10/06/2014	Date of Injury:	10/26/2009
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 52-year-old female who reported an injury on 10/26/2009. The mechanism of injury was not provided. The injured worker has diagnoses of pain in limb, lumbar disc disease with myelopathy, lumbar and lumbosacral disc degeneration, mild OA of the left hip, and piriformis syndrome. Past medical treatment included medications, physical therapy, piriformis injections, and aqua therapy. Diagnostic testing included an EMG with no date provided, an MRI of the left shoulder on 12/04/2009, and MRI of the lumbar spine on 08/05/2011, 11/09/2013, and MRI of the pelvis on 08/12/2014, and x-rays of the lumbosacral spine on 04/12/2012. The injured worker received a piriformis lumbar injection on 05/14/2014. There was no pertinent surgical history. The injured worker complained of back pain, leg pain, shoulder pain, and hip pain on 09/09/2014. The injured worker complained of unchanged pain throughout, except for the left hip pain, which had increased. The injured worker stated having severe lumbar spasms would interrupt her sleep, and she was unable to get comfortable throughout the day. The injured worker reported unchanged 3/10 pain in the left shoulder described as aching, increased 5/10 pain to the left hip described as aching, unchanged 9/10 pain in the lumbar described as aching, and weakness. The physical examination of the upper extremities revealed there was swelling in the left shoulder, spasm, and restriction in the left shoulder. The left shoulder had a decreased range of motion, as well as pain when she overused the shoulder. The physical examination of the lumbar spine revealed tenderness to palpation over the right lumbar facets, left lumbar facets, left sacroiliac joint, left buttock, left lumbosacral region, and the left lateral hip. The injured worker had a positive straight leg raise on the left at 60 degrees. Range of motion testing revealed lateral flexion to the right at 20 degrees, lateral flexion to the left at 20 degrees, flexion at 70 degrees with spasms, pain with extension, pain with forward flexion, pain with left lateral bending, pain with right lateral bending, pain with left

lateral rotation, and pain with right lateral rotation. Medications included Lidoderm 5% patch, Zanaflex 2 mg, Lyrica 150 mg, Butrans 10 mcg/hour, Keto +2 Gabapentin/Lidocaine ointments, and Terocin 50 mcg. The treatment plan is for Zanaflex #90 with 3 refills and a piriformis injection with Botox. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: The request for Zanaflex #90 with 3 refills is not medically necessary. The injured worker complained of back pain, leg pain, shoulder pain, and hip pain on 09/09/2014. The California MTUS Guidelines state that Antispasmodics (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. There were spasms of lumbar spine present in physical examination. The frequency of the requested medication was not provided to indicate the correct medication dosage required. Therefore, the request for is not medically necessary.

Piriformis Injection with Botox: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Piriformis Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 29.

Decision rationale: The request for piriformis injection with Botox is not medically necessary. The injured worker complained of back pain, leg pain, shoulder pain, and hip pain on 09/09/2014. The California MTUS stated Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. There is lack of documentation stating the injured worker is being treated for cervical dystonia. The request is not supported by the guidelines. Therefore, the request for piriformis injection with Botox is not medically necessary.