

Case Number:	CM14-0174414		
Date Assigned:	10/27/2014	Date of Injury:	02/25/2013
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal 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 patient is an injured worker with back and hip complaints. Qualified medical evaluation report dated May 2, 2014 documented the history of the injury. On the date of injury February 25, 2013, she injured her right hip and back while going up and down stairs. She sustained injuries to the low back and buttocks on February 25, 2013. The patient has chronic pain in the back, buttocks and leg on the right side. Medications included Cymbalta, Norco, Nexium, Tramadol, Ibuprofen, Deplin, Tizanidine and Dendracin. No known drug allergies were noted. Diagnostic impressions were chronic right hip pain, trochanteric bursitis right-sided, enthesopathy of hip, sprain hip, right hip tendonitis, lumbago, lumbar myospasm, sacroiliac right pain and inflammation, right gluteal and piriformis dysfunction, and right-lower extremity weakness. MRI magnetic resonance imaging of the lumbar spine dated 5/29/13 demonstrated fractional disc bulge was noted at L3-L4. There was no focal disc herniation identified with no evident compromise of the central canal or of the neural foramina. Right hip arthrogram with MR arthrogram dated 5/29/13 demonstrated evidence of bilateral trochanteric bursitis with tendinopathy of the right gluteus medius and minimus tendon insertions with minimal partial tearing at their insertions. No labral tear was seen. No bone contusion or fracture was identified. There was mild tendinopathy of the origin of the right hamstring tendon. The progress report dated September 23, 2014 documented that the patient's medications included Norco, Tizanidine, Cymbalta, Ultram, and Ibuprofen 800 mg. Physical examination was demonstrated antalgic gait, tenderness over the right greater trochanteric area, tenderness over left buttock and L4-5/S1 paraspinals. Moderate spasm in the gluteus muscles and right greater than left lumbar paraspinous muscles was noted. Neurologic testing was essentially normal. Diagnoses were enthesopathy of hip region, lumbago, chronic pain syndrome, and spasm of muscle. Utilization review determination date was 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided sacroiliac joint injection: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition. Bibliographic Source: Low back disorders. Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 333-796. Guideline.Gov Table 2: Summary of Recommendations by Low Back Diso

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. The American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease) is not recommended. No imaging studies of the SI sacroiliac joint were documented. MRI magnetic resonance imaging of the lumbar spine dated 5/29/13 demonstrated fractional disc bulge was noted at L3-L4. There was no focal disc herniation identified with no evident compromise of the central canal or of the neural foramina. The right hip MR magnetic resonance arthrogram dated 5/29/13 demonstrated evidence of bilateral trochanteric bursitis with tendinopathy of the right gluteus medius and minimus tendon insertions with minimal partial tearing at their insertions. No labral tear was seen. No bone contusion or fracture was identified. There was mild tendinopathy of the origin of the right hamstring tendon. The progress report dated September 23, 2014 documented the physical examination which demonstrated antalgic gait, tenderness over the right greater trochanteric area, tenderness over left buttock and L4-5/S1 paraspinals. Moderate spasm in the gluteus muscles and right greater than left lumbar paraspinal muscles was noted. Neurologic testing was essentially normal. Diagnoses were enthesopathy of hip region, lumbago, chronic pain syndrome, and spasm of muscle. No physical examination of the sacroiliac joint was documented. Because evidence of inflammatory sacroiliitis was not documented, the performance of a SI sacroiliac joint injection is not supported, per ACOEM guidelines. Therefore, the request for Right-sided sacroiliac joint injection is not medically necessary.

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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. The American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004), states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Tizanidine (Zanaflex) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document long-term use of Tizanidine for chronic occupational injuries. Medical records do not document recent liver function tests (LFT), which is required for safe Tizanidine use, per MTUS guidelines. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. MTUS and ACOEM guidelines do not support the medical necessity of the muscle relaxant Tizanidine (Zanaflex). Therefore, the request for Tizanidine 4mg #30 with 1 refill is not medically necessary.

Nexium 20mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the long-term prescription of Ibuprofen 800 mg which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Nexium in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Nexium. Therefore, the request for Nexium 20mg #30 with 1 refill is medically necessary.