

Case Number:	CM14-0175730		
Date Assigned:	10/28/2014	Date of Injury:	06/26/2013
Decision Date:	12/05/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of June 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy-discectomy surgery on April 9, 2014; a TENS unit; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 1, 2014, the claims administrator partially approved a request for electrodiagnostic testing of bilateral lower extremities as EMG testing of the bilateral lower extremities and denied a request for Tizanidine outright. The applicant's attorney subsequently appealed. On May 16, 2014, the applicant underwent lumbar MRI imaging, which was notable for evidence of an earlier hemilaminectomy and partial facetectomy/foraminotomy at L5-S1 with mild residual foraminal stenosis. A 3- to 4-mm disk bulge was appreciated at the same level. A 4- to 5-mm disk bulge was also noted at L4-L5 with associated moderate narrowing of the left-sided neural foramen. On May 25, 2014, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue Neurontin. In an August 17, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had reportedly consulted a pain management physician who suggested that the applicant employ Lyrica in favor of Neurontin. The applicant is using a cane to move about. Weakness about the lower extremities was noted with some element of give-way weakness. The applicant did exhibit a significant limp. Norco, a second-opinion surgical consultation, pain management, and aquatic therapy were endorsed while the applicant was kept off of work, on total temporary disability. In a September 17, 2014 office note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was using Neurontin, Norco and Tizanidine, it was noted. These

medications only provided temporary and fleeting relief. The applicant was still using a cane to move about. The applicant was also using Ambien on a nightly basis. The applicant was off of work, and receiving disability/indemnity benefits, the attending provider acknowledged. Weakness was noted about the lower extremities, with some amount of give-way weakness. The attending provider stated that the applicant's symptoms and pathology seemed out of proportion to the findings of recent MRI scan. Electrodiagnostic testing of lower extremities was sought to better delineate the extent of the applicant's lower extremity complaints. The applicant was given refills of Tizanidine, Neurontin, and Norco and kept off of work, on total temporary disability. The applicant was described as having no significant past medical history. The applicant was a light drinker and reported drinking socially.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCT bilateral LE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies are "not recommended" for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. In this case, the information on file suggested that the applicant had an occult lumbar radiculopathy, which had proven recalcitrant to the failed spine surgery. There was no mention of any issues of tarsal tunnel syndrome, lower extremity entrapment neuropathy, generalized lower extremity neuropathy, diabetic neuropathy, etc., suspected or present here. The applicant's past medical history is reportedly negative. The applicant did have not a history of disease processes such as alcoholism, diabetes, and/or hypothyroidism, which might predispose toward development of lower extremity neuropathy. Since the nerve condition testing portion of the request cannot be supported here, the entire request cannot be supported. Therefore, the request for EMG/NCT is not medically necessary.

Tizanidine 4 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section; Functional Restoration Approach to Chronic Pain Management section.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine (Zanaflex) is FDA approved in management of spasticity, but can be employed off label for low back pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the request for tizanidine does represent a renewal request, the attending provider acknowledged. However, there has been no clear demonstration of medication efficacy. The applicant remains off of work, on total temporary disability, several months removed from the date of surgery and several months removed from the date the tizanidine was initiated. The ongoing usage of tizanidine has failed to curtail the applicant's dependence on opioid agent such as Norco. All the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Tizanidine. Therefore, the request for Tizanidine is not medically necessary.