

Case Number:	CM14-0177882		
Date Assigned:	10/31/2014	Date of Injury:	10/25/1996
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery 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:

This is a 59-year-old male with a 10/25/96 date of injury, when he injured his lower back. The patient underwent multilevel lumbar laminectomy in 1990, L2-L3 fusion on 3/15/11 and elbow surgery in 2014. The patient was seen on 10/22/14 with complaints of chronic low back pain and leg pain. The patient stated that with Norco his pain was 5-6/10 and without Norco the pain was 8/10. The patient was noted to be on Tramadol, Tizanidine, Norco, Zanaflex and other medications. Exam findings revealed blood pressure 160/90, pulse 63 and temperature 98.2. The progress notes indicated that the patient had neurosurgical consultations on 8/29/14 and 9/10/14. The diagnosis is chronic low back pain, postlaminectomy syndrome and anterior leg pain. Treatment to date: 2 lumbar spine surgeries, elbow surgery, work restrictions, muscle relaxants and medications. An adverse determination was received on 10/16/14 for a lack of rationale for pain and neurosurgery consultation and that the Guidelines did not support chronic use of muscle relaxants. The request for Hydrocodone-Acetaminophen 10-325mg #120 was modified to #90 for lack of functional benefit and the weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult/Treat: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Chapter 6- Independent Medical Examinations and Consultations, page127, 156

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However there is no rationale with clearly specified goals from the pain management specialist visit. In addition, the patient stated that the medication helped with his pain and he did not report any changes in his pain. Therefore, the request for Pain Management Consult/Treat is not medically necessary.

Neurosurgery Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: CA MTUS supports spine surgeon referral with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. However, the progress notes indicated that the patient had neurosurgical consultations on 8/29/14 and 9/10/14. In addition, there is no rationale indicating the reason for an additional neurosurgical consultation. Therefore, the request for Neurosurgery Consult is not medically necessary.

Tizanidine 4mg #100 (X1 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy

appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However the progress notes indicated that the patient was utilizing Tizanidine at least from 9/17/14, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the notes indicated that the patient was using Zanaflex in addition to Tizanidine. The Guidelines do not recommend long-term treatment with muscle relaxants and there is no rationale with regards to the necessity for 2 muscle relaxants for the patient. Therefore the request for Tizanidine 4mg #100 (X1 Refill) is not medically necessary.

Hydrocodone-Acetaminophen 10-325mg #120, No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1996 date of injury, the duration of opiate use to date is not clear. The patient stated that Norco decreased his pain from 8/10 to 6/10, but the records do not clearly reflect continued functional benefit, a lack of adverse side effects, or aberrant behavior. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, the patient was noted to be on Tramadol in addition to Norco. Lastly, the UR decision dated 10/16/14 modified the request for Hydrocodone-Acetaminophen 10-325mg #120 to #90 for a lack of functional benefit and the weaning was recommended. Therefore, the request for Hydrocodone-Acetaminophen 10-325mg #120, No Refill is not medically necessary.