

Case Number:	CM14-0057549		
Date Assigned:	08/08/2014	Date of Injury:	12/07/2005
Decision Date:	10/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 45-year-old female who reported an injury on 12/07/2005. The mechanism of injury was not submitted for review. The injured worker has diagnoses of degeneration of lumbar or lumbosacral intervertebral disc, lumbago, lumbar post laminectomy syndrome, chronic pain syndrome, lumbosacral radiculopathy, sacroiliitis, lumbar facet joint pain, myalgia and myositis, dysesthesia, and tenosynovitis of the hand. Past medical treatment consisted of physical therapy, aquatic therapy, heat/ice packs, surgery, and medication therapy. Medications include Oxycodone, Elavil, Gabapentin, Pepcid, and Zanaflex. On 04/17/2014, the injured worker complained of low back pain. Physical examination revealed that it was rated at a 7/10 to 8/10 on VAS. The examination revealed that the injured worker was tender to palpation over the lumbosacral region and upper buttocks with severe tenderness to palpation over the bilateral S1 joints. Lumbar flexion was reduced to 35 degrees and return to neutral elicited pain over S1 joints and buttocks. Straight leg raise elicited tremor in legs and diffuse low back pain at only 15 degrees of elevation. Bilateral Patrick's tests at 30 degrees abduction each elicited ipsilateral severe sharp pain over S1 joint radiating down to buttocks. The medical treatment plan is for the injured worker to continue the use of conservative care, which includes heat, ice, rest, and gentle stretching with the use of medications. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pepcid #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs>

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

Decision rationale: The request for Pepcid is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended for the injured worker with dyspepsia secondary to NSAID therapy or for those taking NSAID medication that are at moderate to high risk for gastrointestinal events. The submitted documentation did not indicate that the injured worker was on any type of NSAID medication. It was noted on the report dated 04/17/2014 that the injured worker had increased GERD. It is not clear. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request is not medically necessary.

Zanaflex #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 63 & 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: The request for Zanaflex is not medically necessary. The California MTUS Guidelines recommend tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Additional benefit beyond NSAIDs in pain and overall improvement and efficacy appear to diminish over time. Prolonged use of some medications in this class may lead to dependence. The request as submitted is for Zanaflex with a quantity of 60, exceeding the recommended guidelines for short term use. Furthermore, the request as submitted did not indicate a dosage, frequency, or duration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Zanaflex with a quantity of 60 is not medically necessary.

Bilateral SI Joint Injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Facet joint radiofrequency neurotomy.

Decision rationale: The request for bilateral SI joint injections is not medically necessary. The Official Disability Guidelines recommend SI joint blocks as an option if failed at least 4 weeks to

6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and diagnosis is often difficult to make due to the presence of other low back pathology. The diagnosis also difficult to make as pain symptoms may depend on the region of the SI joint that is involved. Pain may radiate into the buttock, groin, and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. The guidelines state that there is limited research suggesting therapeutic blocks offer long term effect. There should be evidence of a trial of aggressive conservative treatment as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction to include cranial shear test, extension test, flamingo test, Fortin's finger test, Gaenslen's test, Gillet's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, and sacroiliac shear test. It was noted on the progress note dated 04/17/2014 that the injured worker had a positive Patrick's test bilaterally. However, there was no other of the above tests positive on the injured worker. Furthermore, the documentation submitted for review did not indicate that the injured worker had trialed and failed an aggressive type of conservative treatment. Additionally, the request as submitted did not indicate how many injections the provider was requesting. Given the above, the injured worker is not within the ODG criteria. As such, the request is not medically necessary.