

Case Number:	CM14-0067959		
Date Assigned:	07/14/2014	Date of Injury:	07/26/2012
Decision Date:	09/17/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/12/2014

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:

Injured worker with cervical and lumbar conditions has a date of injury of July 26, 2012. Regarding the mechanism of injury, patient reported that her back pain occurred while she was adjusting herself in her seat on 07/26/2012. Progress report dated November 27, 2013 indicated that the patient was trying to get pregnant. She is holding off on taking medications and is using alternative therapy. Pain was 7-8/10. She is also trying to lose weight. Exam reveals tightness in the trapezius and interscapular area, slightly restricted cervical range of motion in side to side tilting and rotation, negative cervical compression, negative Spurling's, pain with heel and toe ambulation, normal gait, tenderness paravertebral in the lumbar region, worse at L4-5 as well as in the PSIS, lumbar range of motion within normal limits, flexion to within 6 inches from the floor, hamstring tightness and lumbar spine pain with straight leg raise on the right at 25 degrees and hamstring tightness only on the left, intact sensation, and symmetric reflexes. Diagnoses included cervical and lumbar sprain and lumbar disc protrusions. She was dispensed Norco. She was prescribed Tramadol. Soma is dispensed for muscle relaxation. A short course of acupuncture was requested. MRI of the lumbar spine dated September 14, 2012 revealed no specific abnormality identified at the L1-2 level; no impingement on the thecal sac or nerve roots at this level is identified; attenuation of the ventral subarachnoid space at the L2-3 level but no impingement on the thecal sac or nerve roots at this level identified; desiccated L3-4 disc with moderate compression on the right ventral aspect of the thecal sac but no impingement on the nerve roots at this level is identified; desiccated L4-5 disc with attenuation of the central ventral subarachnoid space but no impingement on the thecal sac or nerve roots at this level is identified; desiccated L5-S1 disc with right facet joint arthropathy resulting in moderate right neural foraminal stenosis, but no impingement on the thecal sac or nerve roots at this level is identified. Urine drug screen collected on November 27, 2013 was positive for Soma and Tramadol.

Hydrocodone was not detected which is inconsistent as this was a prescribed medication. EMG/NCS dated February 12, 2014 demonstrated right S1 radiculopathy. Qualified medical evaluator (QME) report dated 02/12/2014 documented medications Hydrocodone, Soma, Tylenol. Progress note on March 19, 2014 documented low back pain with radiation down the right leg. She went medicated with Hydrocodone and Soma. Examination demonstrated tightness at the trapezius and interscapular area, slightly restricted cervical range of motion with improvement from a previous visit, normal gait, painful heel and toe ambulation, tenderness throughout the lumbar paravertebrals, hamstring tightness as well as lumbar spine pain with straight leg raise on the right, hamstring tightness with straight leg raise on the left, intact sensation in the lower extremities and 1+ ankle and knee jerks bilaterally. The patient was diagnosed with cervical sprain, lumbar sprain and lumbar disc protrusions. Norco 10/325 mg bid, Tramadol 50 mg bid, and Tizanidine 2 mg were prescribed. Urine drug screen collected on March 19, 2014 was positive for Soma and Hydrocodone which is consistent with the medications listed on this report. Tramadol was not detected. Progress report dated 03/19/2014 documented diagnoses lumbar disc protrusions, lumbar sprain, and cervical sprain. A series of 3 lumbar epidural steroid injections was requested. Utilization review date was 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-94.

Decision rationale: The MTUS addresses opioids. The ACOEM states that the long-term use of opioids is not recommended. Medical records document the long-term use of opioids for neck and back conditions. Date of injury was July 26, 2012. Progress report dated November 27, 2013 documented that the patient was dispensed Norco and prescribed Tramadol. Qualified medical evaluator report dated 02/12/2014 documented medications Hydrocodone, Soma, Tylenol. Progress report dated 03/19/2014 documented the diagnoses lumbar disc protrusions, lumbar sprain, and cervical sprain. Norco contains Hydrocodone which is an opioid. ACOEM guidelines do not support the long term use of opioids for neck and back conditions. Therefore, the request for Norco 10/325mg #40 is not medically necessary.

Tizanidine 2mg #30: 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: The MTUS addresses muscle relaxants. The ACOEM 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. 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. Progress report dated 03/19/2014 documented diagnoses lumbar disc protrusions, lumbar sprain, and cervical sprain. Date of injury was July 26, 2012. Medical records document that the patient has been using muscle relaxant Soma on a long-term basis. Tizanidine (Zanaflex) is a muscle relaxant. 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 muscle relaxants. Therefore, the request for Tizanidine 2mg #30 is not medically necessary.

Urine toxicology screen for date of service 03/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to avoid misuse/addiction Page(s): 94.

Decision rationale: The MTUS guidelines recommend urine toxicology screens as a step to avoid misuse and addiction. Medical records do not have evidence of opioid misuse or addiction. Urine drug screen collected on November 27, 2013 was positive for Soma and Tramadol. Hydrocodone was not detected. Qualified medical evaluator (QME) report dated 02/12/2014 documented medications Hydrocodone and Soma. Medical records do not support the medical necessity of urine drug screen. Therefore, the request for urine toxicology screen for date of service 03/19/2014 is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 173-174, 181-183, 300, 308-310, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Electrical stimulators (E-stim), Functional restoration programs (FRPs) Page(s): 45, 49, 114-117.

Decision rationale: The MTUS addresses transcutaneous electrical nerve stimulation (TENS). ACOEM states that TENS units are not recommended for low back conditions and also that

physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Guidelines state that TENS is not recommended for neck and upper back conditions. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities, such as transcutaneous electrical neurostimulation (TENS) units. It does not appear to have an impact on perceived disability or long-term pain. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. TENS is not recommended as a primary treatment modality, but TENS may be considered as an option, if used as an adjunct to an evidence-based functional restoration programs (FRP) for the conditions described below. Complex regional pain syndrome CRPS I, CRPS II, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis are the conditions that may be consider according to MTUS guidelines. Criteria for TENS use requires documentation of chronic intractable pain for the conditions noted above. Medical records do not document enrollment in an evidence-based functional restoration program (FRP), which is an MTUS requirement for TENS. Medical records do not document the diagnoses CRPS I, CRPS II, diabetic neuropathy, post-herpetic neuralgia, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, which are the conditions that merit consideration for TENS, according to MTUS guidelines. Therefore, medical records do not support the medical necessity of TENS, in accordance with MTUS guidelines. Progress report dated 03/19/2014 documented the diagnoses, lumbar disc protrusions, lumbar sprain, and cervical sprain. Transcutaneous electrical nerve stimulation (TENS) is not recommended by ACOEM for low back conditions or neck and upper back conditions. Therefore, the request for a TENS (transcutaneous electrical nerve stimulation) unit rental is not medically necessary.

Lumbar epidural steroid injection, series of 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS addresses epidural steroid injections. ACOEM states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections offer no significant long-term functional benefit, nor does it reduce the need for surgery. Most current guidelines recommend no more than 2 ESI injections. There is little information on improved function. ESI treatment alone offers no significant long-term functional benefit. No more than 2 ESI injections are recommended. Progress report dated 03/19/2014 documented diagnoses lumbar disc protrusions, lumbar sprain, and cervical sprain. A series of 3 lumbar epidural steroid injections was requested. MTUS guidelines state that no more than 2 ESI injections are recommended. MTUS guidelines do not support a series-of-three injections. Therefore, the request for Lumbar epidural steroid injection, series of 3 injections is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

Decision rationale: The MTUS addresses opioids. The ACOEM states that the long-term use of opioids is not recommended. Medical records document the long-term use of opioids for neck and back conditions. Date of injury was July 26, 2012. Progress report dated November 27, 2013 documented that the patient was dispensed Norco and prescribed Tramadol. Qualified medical evaluator report dated 02/12/2014 documented medications Hydrocodone, Soma, Tylenol. Progress report dated 03/19/2014 documented the diagnoses lumbar disc protrusions, lumbar sprain, and cervical sprain. Tramadol (Ultram) is classified as an opioid. ACOEM guidelines do not support the long term use of opioids for neck and back conditions. Therefore, the request for Tramadol 50mg #60 is not medically necessary.