MAXIMUS Federal Services

Case Number:	CM14-0071143		
Date Assigned:	08/29/2014	Date of Injury:	12/30/2006
Decision Date:	10/21/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56-year-old male was reportedly injured on 12/30/6. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 4/25/2014, indicated that there were ongoing complaints of neck pain that radiated into the bilateral upper extremities and low back pain that radiated down into the bilateral lower extremities. The physical examination demonstrated the patient had a slow antalgic gait utilizing a cane. Lumbar spine has positive spasm in the paraspinous musculature. There was also positive tenderness to palpation in the spinal vertebral area of L4-S1. Range of motion was limited due to pain. There was decreased sensitivity to touch along the L4-L5 dermatome in both lower extremities. Straight leg raise sitting was positive at 90 bilaterally. No recent diagnostic studies are available for review. Previous treatment included medications, physical therapy, acupuncture, and conservative treatment. A request had been made for acupuncture to the lumbar spine #4 visits, hydrocodone 10/325 mg #90, tizanidine 4 mg #60 and vitamin K 2000 units #90 and was not certified in the pre-authorization process on 5/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to lumbar spine x 4 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request is not considered medically necessary.

Hydrocodone 10/325mg #90, 1 by mouth 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) in the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury. However, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Tizanidine 4mg #60, 1 tablet by mouth twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), antispasticity/antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis, which is not supported by MTUS treatment guidelines. Therefore, this medication is deemed not medically necessary.

Vitamin K 2000 units #90, 3 tablets by mouth one time daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Vitamin K

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain. Chronic. Vitamin K. Updated 10/6/2014.

Decision rationale: According to ODG guidelines, vitamin K is not recommended for the treatment of chronic pain. It is under study for osteoarthritis. This study concluded that low dietary vitamin K intake is a risk factor for knee osteoarthritis, and the vitamin K may have a protective role against knee osteoarthritis and may lead to a disease-modifying treatment. After reviewing the medical records provided as well as the guidelines cited above, this request is deemed not medically necessary.