MAXIMUS Federal Services

Case Number:	CM14-0071190		
Date Assigned:	07/14/2014	Date of Injury:	08/04/2012
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
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 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:

Patient is a 67 year-old female with date of injury 08/04/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/07/2014, lists subjective complaints as chronic low back pain. Objective findings: examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles; and range of motion was decreased in flexion and extension due to pain. Sensory examination revealed a decrease in sensation at the L4 distribution. His diagnoses are: chronic low back pain, lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy, lumbar spondylosis, and neural foraminal stenosis. An MRI of the lumbar spine performed on 10/18/2012 was positive for disc space narrowing at L1-2, L2-3, and L4-5 and posterior disc bulges of 3 to 4mm L1-2, L2-3 and L4-5 with canal narrowing that is moderate and primarily in the transverse dimension. Severe bilateral facet hypertrophy at L3-S1 was also noted. Patient previously underwent an L3-4 interlaminar ESI with only 2 weeks improvement in pain. It was noted that lumbar epidural steroid injections gave the patient very short-term relief of 1-2 weeks, not a significant amount relief to worth repeating. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. His current medications are: Norco 5/325, #30, Tramadol 50mg, #60, Zanaflex 4mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation pain management for low back: 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) Chapter 7, Independent Medical Examinations and Consultations, Page 127.

Decision rationale: According to the California MTUS, a consultation is ordered to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the patient's fitness for return to work. At this time, a selective nerve root block we'll not be authorized; consequently, a pain management consult is not medically necessary.

Bilateral L4 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: According to the California MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The patient has had several epidural steroid injections, none of which have been effective in reducing her pain for longer than 2 weeks. Bilateral L4 selective nerve root block is not medically necessary.

Norco 5/325mg #30 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic.The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over

the course of the last year. The request for Norco 5/325mg # 30 with no refills is not medically necessary.

Tramadol 50mg #60 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Tramadol 50mg #60 with no refills is not medically necessary.

Zanaflex 4mg #60 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time, at least one year longer than that recommended by the MTUS. The request for Zanaflex 4mg #60 with no refills is not medically necessary.