

<b>Case Number:</b>	CM14-0074030		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

This case involves a 58-year-old male who sustained a work related injury on December 03, 2007. The mechanism of injury was not disclosed. He is currently being treated for chronic neck pain with bilateral upper extremity radiation and low back pain with bilateral lower extremity radiation. The injured workers treatment has included physical therapy, Non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, pain medications, Lidoderm patch, and home exercise program. The most recent progress report dated 06/16/2014 states the injured worker was complaining of neck pain that radiated down his left upper extremity; frequent muscle spasm in the neck area aggravated by activity and walking; and low back pain radiates down the bilateral lower extremities. His pain rated as a 9/10 with medication and 10/10 without medication. The injured worker's pain is reported as unchanged since his last visit with frequent medication associated gastrointestinal upsets. It was noted his neck pain and headaches have improved with acupuncture. The physical examination revealed the following objective findings: moderate to severe distress; antalgic gait; bilateral cervical spasms in the paraspinous muscles; spinal vertebral tenderness in the cervical spine C3 to T2, tenderness upon palpitation to the left trapezius muscle, occipital tenderness upon palpitation on the left side. In addition, there is was moderately limited range of motion of the cervical spine due to pain. Furthermore, pain was significantly increased with flexion, extension, and rotation. The upper extremity sensory examination revealed no change since the injury worker's last visit. The lumbar examination noted spasms in the paraspinous musculature with tenderness upon palpation in the spinal vertebral area at L4 through S1 Levels. In addition, trigger points were noted in the paraspinous muscles on the left. The injured worker's range of motion of the lumbar spine is severely limited secondary to pain. The pain was significantly increased with flexion and extension. The sensory exam shows decreased sensitivity to touch along the L4 through S1

dermatomes in the left lower extremity. The straight leg raise with the injured worker in a seated position was positive on the left for radicular pain at 70 degrees. The X-ray dated 04/16/14, revealed chronic spondylitic. The arthrogram of the left shoulder dated 02/19/10 revealed the following: mild subacromial; subdeltoid synovitis; a grade one to two partial thickness tear; tendinosis of the distal supraspinatus tendon; and infraspinatus tendon tendinosis is seen without evidence of full thickness rotator cuff tear. The MRI of the cervical spine dated 02/18/10 revealed the following: minimal to mild central canal stenosis; mild to moderate right neuroforaminal stenosis seen at C4 to C5 secondary to a 4 millimeter right paracentral broad based disc protrusion; mild to moderate left neuroforaminal stenosis is seen at C6 to C7 secondary to a 4 millimeter left posterolateral disc protrusion; and minimal central canal stenosis noted at C3 to C4 and C5 to C6, secondary to a 3 millimeter broad based disc protrusion. The MRI of the lumbar spine without contrast dated 02/18/10 revealed the following: minimal to mild central stenosis is seen at L4 to L5 secondary to a 4 millimeter broad based disc bulge; minimal to mild central canal stenosis; and minimal to mild bilateral neuroforaminal stenosis is seen at L5 to S1 secondary to a 6 millimeter broad based disc herniation. Per electromyogram and nerve conduction velocity (EMG/NCV) dated 10/26/09 there is left C8 to T1 radiculopathy and left L5 to S1 radiculopathy. Prior utilization review dated 05/10/14 was noncertified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar spine x-ray complete series including flexion and extension views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Flexion/extension imaging studies.

**Decision rationale:** The request for lumbar spine x-ray complete series including flexion and extension views is not medically necessary. The x-ray dated 04/16/14 revealed chronic spondylitis changes, lumbosacral junction and early arthritic changes of the sacroiliac (SI) joint, no evidence of subluxation. As such, medical necessity has not been established.

**Naproxen 550mg #60:** 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 NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, < NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The request for Naproxen 550 milligrams quantity 60 is not medically necessary. The clinical documentation submitted for review as well as current evidence based

guidelines do not support the request. Pain is rated as a 9/10 in intensity with medication and is rated as a 10/10 in intensity without medication. The medication is recommended as an option for short-term symptomatic relief. Therefore, the request is not medically necessary.

**Tizanidine 4mg 330:** 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 Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

**Decision rationale:** The request for Tizanidine 4 milligrams quantity 330 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Pain is rated as a 9/10 in intensity with medication and is rated as a 10/10 in intensity without medication. Tizanidine is unlabeled use for low back pain. As such, the request is not medically necessary.