

Case Number:	CM14-0088503		
Date Assigned:	07/23/2014	Date of Injury:	11/14/2009
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 58-year-old male who reported an injury on 11/14/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 03/05/2014 indicated diagnoses of lumbar strain, broad-based annular bulge of the lumbar spine, left plantar fasciitis, and right knee sprain. The injured worker reported pain in the low back that was constant, with shock and spasms doing down into the left side of the buttocks. The injured worker reported the medication that he took at night for sleep did help him sleep for a couple of hours. The injured worker reported knee pain to the right knee rated 7/10 to 8/10. He reported the pain was aggravated, depending on activity when he walked. On physical examination, the injured worker was limping, favoring the right knee. The injured worker's heel and toe ambulation was somewhat painful. There was tenderness noted at the L4-5 on deep palpation, as well as bilateral posterior superior iliac spine. The injured worker's range of motion for the knee was decreased with extension and painful. The injured worker's straight leg raise test caused hamstring tightness and low back pain. The injured worker's deep tendon reflex exam was decreased. The examination of the right knee revealed tenderness on anterior side, as well as the middle joint line. The injured worker had tenderness in the mid-foot at the base of the big toe, and tenderness at the heel. The injured worker's treatment plan included refill of Motrin, a request for shockwave therapy. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Motrin, Norco, and Tizanidine. The provider submitted a request for shockwave therapy, Tizanidine, and Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg PO BID #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 Opioids, specific drug list and Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Norco 10/325 mg PO BID #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the injured worker has been prescribed Norco since at least 01/08/2014. This exceeds the guidelines' recommendation for short-term use. Therefore, the request for Norco is not medically necessary.

Tizanidine 4mg PO Q HS #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

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

Decision rationale: The request for Tizanidine 4 mg PO Q HS #60 is not medically necessary. The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. Although the injured worker reported spasms, there was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the injured worker has been utilizing this medication since at least 01/08/2014. This exceeds the guidelines' recommendation for short-term use. Therefore, the request for Tizanidine is not medically necessary.

Shockwave Therapy 2 x 4: 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, Shockwave therapy.

Decision rationale: The request for Shockwave Therapy 2 x 4 is not medically necessary. The Official Disability Guidelines do not recommend Shockwave therapy. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain (LBP). In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. Shockwave therapy is not recommended. In addition, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a body part. Therefore, per the Official Disability Guidelines, the request for shockwave therapy is not medically necessary.