

Case Number:	CM14-0200241		
Date Assigned:	12/09/2014	Date of Injury:	02/15/1997
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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 63-year old cabinetmaker reported a back injury with a date of 2/15/97. There is no information in the available records regarding the mechanism of injury or on early treatment for it. The records contain notes dated 4/18/14 through 12/5/14 which were written by two different psychiatrists in the same office, both of whom designates himself as primary treating physician. The patient was noted as taking Norco, Prilosec and Relafen in the 4/18/14 note. On 6/3/14 tizanidine was added to the regimen and carried forward. All subsequent notes state that the patient's pain is unchanged, his activities of daily living are unchanged, and his quality of life unchanged. The two physicians appear to disagree in regards to the patient's mobility: one of them documents it as unchanging and the other as worsening. Bizarrely, notes written by each physician on the same day, 10/7/14, document this difference, but are otherwise almost identical. One physician documents that the patient has spasm and trigger points on exam, the other does not. Both physicians document identical decreased range of motion of the thoracic and lumbar spine, as well as decreased sensation in a right L5 distribution. Both physicians note diagnoses of degenerative disc disease at unspecified levels, lumbar/thoracic/sacral radiculitis/neuritis/radiculopathy unspecified, arthropathy at other specific sites, unequal leg length, hypertension, and lumbar sprain/strain. Both physicians document a treatment plan that includes adding Neurontin to the patient's medications, and continuing his Norco and tizanidine. Both make requests for authorization for a lumbar MRI, for a walker (rollator) "and them PT training", and for a urine drug screen. Neither physician ever specifically documents the patient's work status. However, since most visit notes include instructions to the patient to conduct his activities of daily living as normally as possible and to continue his home exercise program, it can be inferred that he is not working. The Norco, Neurontin, rollator and urine drug screen were all certified in UR on 11/11/14. The tizanidine and physical therapy were non-

certified on the same date. The PT was non-certified on the basis that any device given to a patient should come with the time and instruction on how to use it, and that formal physical therapy is unnecessary for walker instruction. Tizanidine was non-certified on the basis that it did not meet MTUS Chronic Pain guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 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 Functional Improvement; Functional improvement measures Page(s): 9;48.

Decision rationale: Per the MTUS Chronic Pain citations, all therapies should be focused on the goal of functional improvement rather than just pain elimination, and assessment of treatment efficacy is accomplished by reporting functional improvement. It is important to have specific measures that can be used repeatedly to demonstrate improvement or maintenance of function over the course of treatment. These should include the categories of work functions or ADLs, self-report of disability (walking, lifting, keyboard or driving tolerance) and pain scales. Objective measurements of functional improvement are preferred, such as measuring the patient's ability to lift 10 pounds from floor to waist repetitively, but they are not required. The provider should document assessment of the patient's compliance with a home program and motivation. The clinical documentation in this case does not support the provision of physical therapy (PT) to this patient. Neither requesting physician describes the patient's gait with or without a walker, and neither documents what the functional goals of physical therapy would be. The physicians do not even agree on whether or not the patient's mobility is decreasing. It is unclear how many sessions of PT are being requested. And, if the purpose of the PT is simply to train the patient how to use his new walker, it is unclear why he could not be instructed in its use during an office visit. Based on the MTUS citations above and on the clinical information provided for my review, physical therapy is not medically necessary for this patient. It is not medically necessary because the patient's current functional status and goals are not clearly documented, because the number of PT visits is not specified, and because it is not clear that instruction in walker use by the prescribing physicians' office would not be sufficient.

Tizanidine HCL 4mg #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 Medications for Chronic Pain; Muscle relaxants Page(s): 60, 63-66.

Decision rationale: Per the first reference cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. Per the second reference, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain patients, they show no benefit. There is no additional benefit if they are used in combination with NSAIDs. Efficacy appears to diminish over time. Tizanidine (Zanaflex) is a centrally acting antispasmodic drug. Its side effects include somnolence, dizziness and dry mouth. The clinical documentation in this case does not support the continued provision of tizanidine to this patient. He has been taking it for at least 8 months without any improvement in pain levels or functional ability. His work status does not appear to have changed, and most probably he remains off work. The sedating effects of this medication may actually be impairing this patient functional level. Based on the MTUS references cited above and the clinical information provided for my review, tizanidine 4 mg #30 is not medically necessary. It is not medically necessary because it is sedating, because long-term use of muscle relaxants is not indicated and because it has produced no improvement in this patient's level of function.