MAXIMUS Federal Services

Case Number:	CM14-0201663		
Date Assigned:	12/12/2014	Date of Injury:	12/08/2009
Decision Date:	01/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal 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:

The injured worker is a 42 year old female who sustained a work related injury December 8, 2009. The history reveals s/p laminotomy at the bilateral L4-L5 February 5, 2014. According to a primary treating physician's progress report dated October 22, 2014, the injured worker presented with complaints of constant neck pain, rated 5/10, radiating into the right trapezius and frequent low back pain, rated 6-7/10, radiating into the bilateral lower extremities. She reported to physician she pulled a gurney and strained her neck and right shoulder October 6, 2014. Physical examination by the treating physician reveals 5 feet 1 inch, 138 pounds, and a BMI of 26. Cervical spine reveals trigger points in the right trapezius and levator scapula, Spurling's test is positive on the right, Lhermitte's sign is positive bilaterally, all remaining orthopedic tests are negative bilaterally. Range of motion reveals flexion of 40 degrees, extension of 50 degrees, right rotation of 70 degrees, left rotation of 70 degrees, right lateral bend of 40 degrees and left lateral bend of 40 degrees. Motor strength testing is 5/5 in all muscle groups bilaterally. Reflexes are 2+ in biceps, brachioradialis, and triceps bilaterally. Sensory examination in the upper extremities is intact. Diagnoses included; s/p sprain/strain in the cervical spine and trapezius, right L4-L5 and cervical spine radiculopathy, increased liver function tests, disc protrusion L4-L5 and L5-S1 with the left greater than the right, L5-SI nerve root impingement, disc protrusion at L4-L5 is larger measuring 3mm with stenosis, stenosis and facet arthropathy at L4-L5 and L5-S1 bilaterally, disc protrusion at L5-S1 measuring 2mm with right S1 nerve root impingement, trigger point in the left trapezius and levator scapula with radiation, trigger points in the right levator scapula and trapezius with acute flare-up, left plantar fasciitis, 2mm paracentral and central posterior disc protrusion with right paracentral extension indenting the thecal sac at L4-5, and small 5mm right synovial cyst anterior to the right facet joint L4-L5. Treatment plan included; lumbosacral orthosis while working, physical therapy for the lumbar spine and bilateral

lower extremities, Voltaren XR, Vicodin, and Zenaflex. Work status is documented as continues to work full active duty.According to utilization review performed November 18, 2014, and citing MTUS ACOEM practice guidelines, the use of a lumbosacral device is not supported. The injured worker is not in an acute post-operative setting and documentation provided does not support the guidelines. Therefore, lumbosacral orthosis is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Pursuant to the ACOEM, lumbar orthosis is not medically necessary. The guidelines indicate lumbar supports are not shown to have lasting benefits beyond the acute phase of symptom relief. In this case, the injured worker is 42 years old with a date of injury December 8, 2009. The injured worker's working diagnoses are chronic, recurrent musculoligamentous injury cervical spine, trapezius muscle; degenerative disc disease, cervical spine; status post arthroscopic subacromial decompression, left shoulder; chronic, recurrent musculoligamentous injury lumbosacral spine; and status post left L4 - L5 hemi-laminectomy with resection of synovial cyst. The injured worker is currently in the chronic phase of his low back injury/surgery. She is not in an acute postoperative setting nor is there documentation of instability. Lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. Consequently, lumbar orthosis is not medically necessary.

Vicodin 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin 5/325 mg one tablet daily PRN #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient pain, increase level of function or improves quality of life. The lowest possible dose should be prescribed pain and function. See the Official Disability Guidelines for details. In this case, the injured worker is 42 years old with a date of injury December 8, 2009. The injured worker's

working diagnoses are chronic, recurrent musculoligamentous injury cervical spine, trapezius muscle; degenerative disc disease, cervical spine; status post arthroscopic subacromial decompression, left shoulder; chronic, recurrent musculoligamentous injury lumbosacral spine; and status post left L4 - L5 hemi-laminectomy with resection of synovial cyst. Documentation indicates the injured worker has been taking Vicodin since 2009. Progress notes dated June the 4, 2014 states pain in the neck, low back and bilateral shoulders have resolved. States no pain and feels better since last visit. There is no documentation of objective functional improvement in the body of the medical record. A urine drug screen dated July 20, 2013 was inconsistent. Urine metabolites showed hydrocodone (Vicodin) and Hydromorphone (Dilaudid). Dilaudid was not prescribed by the treating physician. Consequently, absent the appropriate clinical indication for documentation of objective functional improvement in addition to long-term use of Vicodin dating back to 2009 and an inconsistent urine drug screen with Dilaudid, Vicodin 5/325 mg one tablet daily PRN #30 is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg one tablet PO b.i.d. PRN #60 is not medically necessary. Muscle relaxes or recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is 42 years old with a date of injury December 8, 2009. The injured worker's working diagnoses are chronic, recurrent musculoligamentous injury cervical spine, trapezius muscle; degenerative disc disease, cervical spine; status post arthroscopic subacromial decompression, left shoulder; chronic, recurrent musculoligamentous injury lumbosacral spine; and status post left L4 - L5 hemi-laminectomy with resection of synovial cyst. The documentation indicates the treating physician prescribed Zanaflex in the August 30, 2010 progress note. A urine drug screen dated July 20, 2013 was inconsistent. Urine metabolites showed hydrocodone (Vicodin) and Hydromorphone (Dilaudid). Dilaudid was not prescribed by the treating physician. Zanaflex, a muscle relaxing, is indicated for short-term (less than two weeks) treatment of acute low back pain and then acute exacerbation in a patient with chronic low back pain. Additionally, there was no documentation of objective functional improvement with continued Zanaflex use. Consequently, after the appropriate clinical indications, documentation of objective functional improvement, Zanaflex use in excess of the recommended guidelines and an inconsistent urine drug screen with Dilaudid, Zanaflex 4 mg one tablet PO b.i.d. PRN #60 is not medically necessary.