

Case Number:	CM14-0205832		
Date Assigned:	12/17/2014	Date of Injury:	04/23/2009
Decision Date:	12/31/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 60-year-old female, who sustained an industrial injury on 4-23-2009. The injured worker was being treated for chronic pain syndrome, opioid type dependence, continuous, post-laminectomy syndrome, lumbar region, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, and lumbalgia. Treatment to date has included diagnostics, lumbar spinal surgery in 2010, unspecified physical therapy ("minimal improvement" per initial orthopedic evaluation 5-07-2014), intraspinal injections, acupuncture, transcutaneous electrical nerve stimulation unit, and medications. On 11-04-2014, the injured worker complains of chronic low back pain, rated 1-5 out of 10 with medications (Norco) and 7-10 out of 10 without. She described her pain as constant, increased by walking, bending, and standing, and decreased by medications. She was currently not working. Review of social habits included "occasional alcohol use". Physical exam of the back noted tenderness to palpation of the lumbar paraspinous area and a lumbar surgical scar. She was to receive a baseline urine drug screening and Celebrex and Tizanidine were added to her current medication regimen, in addition to a recommendation for physical therapy. On 11-26-2014, Utilization Review modified a request for urine drug screening x3 to x1, and non-certified a request for alcohol testing x3, Celebrex 200mg #30, Tizanidine 4mg #30, and physical therapy for the lumbar spine x8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen, per year QTY: 3.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for a drug screen with diagnosis including chronic pain syndrome, opioid type dependence, continuous, post-laminectomy syndrome, lumbar region, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, and lumbalgia. The MTUS guidelines under the section On-going management of opioids advises drug screen testing for patients with abuse, addiction or poor pain control. In this case, drug testing is guideline-supported. This is secondary to documentation revealing opioid dependence. As such, the request for a drug screen is medically necessary.

Alcohol testing, per year QTY: 3.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

Decision rationale: The request is for alcohol testing with diagnosis including chronic pain syndrome, opioid type dependence, continuous, post-laminectomy syndrome, lumbar region, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, and lumbalgia. The MTUS guidelines do not address alcohol testing specifically but advises decreasing or discontinuing maladaptive coping mechanisms including alcohol use. In this case, there is documentation of occasional alcohol use but no indication of abuse requiring regular testing. As such, the request is not medical necessary.

Celebrex 200mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The request is for the use of the medication Celebrex with diagnosis including chronic pain syndrome, opioid type dependence, continuous, post-laminectomy syndrome, lumbar region, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, and lumbalgia. The MTUS guidelines state that anti-

inflammatories are the traditional first-line treatment for pain reduction and functional restoration but long-term use may not be warranted. COX-2 Inhibitors such as Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 Inhibitors have similar efficacy and risk when used for less than 3 months. In this case, the use of Celebrex is not guideline-supported. This is secondary to no documentation of GI risk such as peptic ulcer disease. As such, Celebrex is not medically necessary.

Tizanidine 4mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for the medication Tizanidine with diagnosis including chronic pain syndrome, opioid type dependence, continuous, post-laminectomy syndrome, lumbar region, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, and lumbalgia. The MTUS guidelines state that use of muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. In most cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the use of Tizanidine is not guideline-supported. This is secondary to no documentation of failure of first-line therapy or a recent acute exacerbation, with prolonged duration of use placing the patient at risk for dependence. As such, the use of Tizanidine is not medically necessary.

Physical therapy sessions for lumbar spine QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The request is for physical therapy with diagnosis including chronic pain syndrome, opioid type dependence, continuous, post-laminectomy syndrome, lumbar region, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, and lumbalgia. The MTUS guidelines recommend manual manipulation for low back pain with a trial of 6 visits over 2 weeks, and if there is evidence of functional improvement up to 18 visits. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is improving function, decreasing pain and improving their quality of life. In this case, physical therapy is not guideline-supported. This is secondary to no documentation of pain and functional improvement after previous sessions, with the date of injury being well beyond 8 weeks. As such, physical therapy is not medically necessary.