

Case Number:	CM15-0013198		
Date Assigned:	01/30/2015	Date of Injury:	12/08/2009
Decision Date:	04/13/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/22/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 42 year old female, who sustained an industrial injury on 12/8/2009. The current diagnoses are status post laminotomy at L4-L5 (2/5/2014), right L4-L5 radiculopathy, acute flare-up of lumbar radiculopathy, left lower extremity, disc protrusion at L4-L5 and L5-S1, left greater than right with L5-S1 nerve root impingement, 3 millimeter disc protrusion at L4-L5 with stenosis, stenosis and facet arthropathy at L4-L5 and L5-S1 bilaterally, 2 millimeter disc protrusion at L5-S1 with right S1 nerve root impingement, 2 millimeter paracentral and central posterior disc protrusion with right paracentral extension indenting the thecal sac at L4-L5, 5 millimeter diameter right synovial cyst anterior to the right facet joint at the L4-L5. Currently, the injured worker complains of intermittent discomfort in the neck, right shoulder, and low back. Current medications are Vicodin, Voltaren XR, and Lunesta, which provide 80% relief with increased performance in activities of daily living. Treatment to date has included medications, 2 epidural steroid injections, and surgery. The treating physician is requesting Zanaflex 4mg #60, Senna-plus 8.6/50mg #60, Vicodin 5/325mg #60, and 12 physical therapy sessions to the lumbar spine and bilateral lower extremities, which is now under review. On 1/14/2015, Utilization Review had non-certified a request for Zanaflex 4mg #60, Senna-plus 8.6/50mg #60, Vicodin 5/325mg #60, and 12 physical therapy sessions to the lumbar spine and bilateral lower extremities. The medications were modified to allow for weaning. The physical therapy was non-certified based on lack of documentation. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Per the 12/03/14 report the patient presents with intermittent discomfort in the neck, right shoulder and lower back s/p lumbar laminectomy 02/05/14. The current request is for Zanaflex 4 mg #60, 1 REFILL per the 12/03/14 RFA. The 01/14/15 utilization review modified this request from #60 to #30 for weaning. The patient is to return to full duty. The MTUS guidelines state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS goes on to state, Antispasticity/Antispasmodic Drugs: page 66 states: Tizanidine (Zanaflex, generic available is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The 12/03/14 report states Zanaflex helps the patient's spasms by 80%. In this case, this medication has helped the patient, but the medication is intended for short term usage only and the current request is for long term usage. The current request is not medically necessary.

Senna-plus 8.6/50mg #60, 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial opioids Page(s): 77. Decision based on Non-MTUS Citation National Institutes of Health, National Library of medicine website <http://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html>.

Decision rationale: Per the 12/03/14 report the patient presents with intermittent discomfort in the neck, right shoulder and lower back s/p lumbar laminectomy 02/05/14. The current request is for Senna Plus 8.6/50mg #60 1 refill per the 12/03/14 RFA. The 01/14/15 utilization review modified this request from #60 to #30 to allow for weaning. The patient is to return to full duty. MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." National Institutes of Health, National Library of medicine <http://www.nlm.nih.gov/medlineplus/druginfo/natural/652.html> states that this medication is an FDA approved laxative. The 10/22/14 report states the patient has constipation and she is documented to be prescribed opioids on a long term basis. Guidelines recommend prophylactic treatment for constipation which is common side effect of opioid medications. The request is medically necessary.

Vicodin 5/325mg #60, 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88 and 89.

Decision rationale: Per the 12/03/14 report the patient presents with intermittent discomfort in the neck, right shoulder and lower back s/p lumbar laminectomy 02/05/14. The current request is for Vicodin 5/325 mg #60 1 refill Hydrocodone, an opioid per the 12/03/14 RFA. The 01/14/15 utilization review modified this request from #60 to #30 to allow for weaning. The patient is to return to full active duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show this patient has been prescribed Hydrocodone/Norco or Vicodin since at least 01/19/14. The 12/03/14 report states the patient receives 80% pain relief with the use of this medication, Voltaren XR and Lunesta. Pain is assessed through the use of pain scales. Pain is documented as 7-9/10 on 01/29/14; 5-6/10 on 10/22/14 and 2-3/10 on 01/14/15. The provider notes increased performance of ADLs through use of the medication regimen, and she has returned to work. Opiate management issues are documented. The provider documents collection of UDSs on 06/04/14 and 07/07/14 and a UDS dated 04/23/14 is provided for review that shows only the presence of the prescribed Hydrocodone. The 12/03/14 report discusses counseling of the patient regarding risks, benefits and side effects of opiates. In this case, there is sufficient documentation to support long-term opioid use. The request is medically necessary.

Physical Therapy, # 12 for the lumbar spine and bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99, Postsurgical Treatment Guidelines Page(s): 25 and 26.

Decision rationale: Per the 12/03/14 report the patient presents with intermittent discomfort in the neck, right shoulder and lower back s/p lumbar laminectomy 02/05/14. The current request is for: Physical Therapy #12 for the lumbar spine and bilateral lower extremities per the 12/03/14 RFA. The patient is to return to full active duty. Low Back (MTUS post-surgical page 25 and 26) Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Postsurgical physical medicine treatment period: 6 months. MTUS non-surgical treatment guidelines pages 98 and 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The patient is now outside the 6

month post-surgical treatment period for discectomy/laminectomy. The 05/09/14 report states the patient is to continue physical therapy to complete the remaining 8 visits and transition to a home exercise program. The 12/03/14 report states the patient is to continue her home exercise program, and the 01/14/15 report states the patient has not yet started physical therapy. In this case, it appears the patient has completed post-operative treatment and this request is for a new course of treatment. The provider does not explain why additional treatment is needed at this time or why the home exercise program is no longer adequate. Furthermore, the requested 12 sessions exceed what is allowed by guidelines. The request is not medically necessary.