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| <b>Case Number:</b>   | CM15-0144915 |                              |            |
| <b>Date Assigned:</b> | 08/05/2015   | <b>Date of Injury:</b>       | 02/20/2015 |
| <b>Decision Date:</b> | 09/15/2015   | <b>UR Denial Date:</b>       | 07/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/27/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on February 20, 2015. She reported injury to her middle and lower back. The injured worker was diagnosed as having sprain and strain of lumbosacral and thoracic lumbosacral neuritis radiculitis unspecified. Treatment to date has included diagnostic studies, chiropractic sessions, lumbar support and medication. On June 10, 2015, the injured worker complained of constant low back pain with radiation to her right hip. She rated the pain as a 4-5 on a 1-10 pain scale. The pain is aggravated with prolonged standing and improved with ibuprofen medication and a back brace. She also reported neck pain. The treatment plan included heat, ice application, topical ointment application, exercises, lumbar corset, lumbar spine MRI, medication and a follow-up visit. On July 14, 2015, Utilization Review non-certified the request for lumbar corset, MRI for the lumbar spine, Motrin 800 mg #60 and Zanaflex 2mg #60, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar corset:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic Chapter, Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301.

**Decision rationale:** According to the ACOEM, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The ACOEM also states "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." This worker's back pain has been present since injury on February 20, 2015. The request for a back brace in June of 2016 which is beyond the acute phase would not be expected to be of benefit. The request is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to the ACOEM, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this case this worker has low back pain that radiates to her hip but straight leg raise testing is negative and strength and sensation of the lower extremities is normal. There were no clear neurologic exam findings to suggest nerve compromise. No other studies showing any nerve dysfunction have been obtained. Therefore, an MRI is not medically necessary.

**Motrin 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Nonsteroidal anti-inflammatory drugs such as Motrin may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with

nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no trial of acetaminophen. Although the short-term use of Motrin for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of a trial of acetaminophen. The request is not medically necessary.

**Zanaflex 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Zanaflex is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (3-4 weeks) of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement and there is no additional benefit shown in combination with NSAIDs. Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and is used off label for low back pain. In this case, there is no indication that the medication is being used for an acute exacerbation of low back pain. Furthermore, according to the 6/10/15 note, she was to take 1 pill at bedtime. The prescription for #60 exceeds the short-term guidelines of 3-4 weeks. The request is not medically necessary.