

Case Number:	CM15-0148025		
Date Assigned:	08/11/2015	Date of Injury:	12/06/1998
Decision Date:	09/23/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 63 year old female, who sustained an industrial injury on 12/6/1998. She reported cumulative injury to her back. The injured worker was diagnosed as having lumbosacral sprain and strain, multilevel spondylosis with spinal stenosis and radiculopathy of both lower extremities. Treatment to date has included medications, magnetic resonance imaging of the lumbar spine, lumbar epidural steroid injections. The request is for Norco, Zanaflex and a magnetic resonance imaging of the lumbar spine. The medical records have several pages of handwritten information which is difficult to decipher. On 4-14-2015, she reported low back pain with bilateral lower extremity pain. She indicated having increased difficulty with activities of daily living. Her pain level is 4 out of 10 with medications and 8 out of 10 without medications. Her duration of relief with medications is 4-6 hours, and she indicated being able to perform all activities of daily living. The treatment plan included: Norco. On 6-3-2015, she reported low back and bilateral leg pain rated 10 out of 10 when exacerbated, and presently is 7-8 out of 10. She indicated previous lumbar epidural injections in 2004 and 2005 did not give her any pain relief. She indicated narcotic pain medication gives her temporary relief of pain for 3-5 hours. She has difficulty going up and down steps, and that she requires assistance with all activities. Physical findings revealed her to be diffusely tender in the low back, gait is normal, and unable to walk on her heels and toes on the left side due to pain. She is seated in a manual wheelchair despite being able to stand and walk, sensations are within normal limits in the bilateral lower extremity. A magnetic resonance imaging of the lumbar spine from December 2013 was reported to have shown advanced disc space narrowing (the report is not available for

this review), and x-rays of the lumbar spine taken on 6-3-2015 in the office revealed notable spondylosis. She denied numbness, tingling or weakness of the legs. The treatment plan included: updating the lumbar spine magnetic resonance imaging due to worsening symptoms. She is noted to have been a previous surgical candidate; however the surgery had been postponed due to dental issues. On 7-7-2015, she reported increased low back pain, increased bilateral lower extremity pain with increased tingling. Physical findings revealed increased lumbar spine tenderness and spasm were noted, positive straight leg raise testing bilaterally, and decreased sensation of the bilateral legs. The treatment plan included: updating lumbar spine magnetic resonance imaging, Norco, Zanaflex, and Neurontin. Her work status is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg 4 times daily, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain “except for short use for severe cases, not to exceed 2 weeks.” The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that “ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.” The treating physician documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the request for Norco 7.5/325mg 4 times daily, #120 is medically necessary.

Zanaflex 2mg 1-2 tablets 3 times daily as needed, #108: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Zanaflex is the brand name version of tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants "Recommend non-sedating muscle relaxants with

caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008)." MTUS further 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. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)." The medical documentation provided indicate this patient has been on Zanaflex in excess of guideline recommendations. Additionally, the treating physician has not provided documentation of objective functional improvement with the use of this medication. As such, the request for Zanaflex 2mg 1-2 tablets 3 times daily as needed, #108 is not medically necessary.

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical

documentation provided indicate that this patient was approved for an MRI of the lumbar spine 07/2015. There is no documentation provided as to why additional imaging is needed at this time. As such, the request for Magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary.