

Case Number:	CM15-0160523		
Date Assigned:	08/31/2015	Date of Injury:	09/02/2011
Decision Date:	10/20/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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, Arizona
 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:

The injured worker is a 49-year-old female, who sustained an industrial injury on 9-2-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral radiculopathy, lumbar degenerative disc disease, cervical radiculopathy and muscle spasm. There is no record of a recent diagnostic study. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), therapy and medication management. In a progress note dated 7-8-2015, the injured worker complains of neck pain with muscle spasm. Physical examination showed lumbar and cervical tenderness and decreased range of motion. Progress note dated 08/05/2015 shows consistent CURES and UDS reports. The injured worker states the current regimen provides only modest relief most days. No other specifics were documented in regards to pain score reductions, or objective/functional improvements on current regimen. The treating physician is requesting retrospective medications and treatments from the date of service of 1-29-2014 including: OxyContin 60mg #120, Oxycodone 15mg #240, Percocet 10-325mg #150, Zanaflex 4mg #90, 2 lumbar epidural steroid injections, a lumbar single positional magnetic resonance imaging and a thoracic single positional magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: 120 Oxycontin 60mg DOS 1/29/14: 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): Chronic pain programs, opioids, Opioids, criteria for use.

Decision rationale: According to the California MTUS, ongoing pain medications can be considered if the 4 A's have been established. The 4 A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. Within the submitted documentation, there is a lack of detail pertaining to the 4 A's to warrant continued treatment with opiates. The injured worker continues to demonstrate significant pain, with only modest relief on most days, with the current regimen. Medical necessity has not yet been substantiated. This request is not medically necessary.

Retro: 240 Oxycodone 15mg DOS 1/29/14: 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): Chronic pain programs, opioids, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to the California MTUS, ongoing pain medications can be considered if the 4 A's have been established. The 4 A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. Within the submitted documentation, there is a lack of detail pertaining to the 4 A's to warrant continued treatment with opiates. The injured worker continues to demonstrate significant pain, with only modest relief on most days, with the current regimen. Medical necessity has not yet been substantiated. This request is not medically necessary.

Retro: 150 Percocet 10/325mg DOS 1/29/14: 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): Chronic pain programs, opioids, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to the California MTUS, ongoing pain medications can be considered if the 4 A's have been established. The 4 A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. Within the submitted documentation, there is a lack of detail pertaining to the 4 A's to warrant continued treatment with opiates. The injured worker continues to demonstrate significant pain, with only modest relief on most days, with the current regimen. Medical necessity has not yet been substantiated. This request is not medically necessary.

Retro: 90 Zanaflex 4mg DOS 1/29/14: 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: According to the CA MTUS, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Within the submitted documentation, there is a lack of clear rationale for why chronic use of Tizanidine is indicated. The injured worker continues to demonstrate significant pain, with only modest relief on most days, with the current regimen. Medical necessity has not yet been substantiated. This request is not medically necessary.

Retro: 2 lumbar epidural steroid injections DOS 1/29/14: 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): Epidural steroid injections (ESIs).

Decision rationale: According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections require that radiculopathy be noted on examination and corroborated by imaging and/or electro diagnostic studies. On examination there is radiculopathy noted however, there are no recent imaging or electro diagnostic studies corroborating radiculopathy. As such, medical necessity has not yet been established. This request is not medically necessary.

Retro: 1 Lumbar single positional MRI DOS 1/29/14: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option, failure to respond to a strengthening program intended to avoid surgery, findings of red flags to include significant issue insult, and/or clarification of anatomy prior to an invasive procedure. Within the submitted

documentation, the injured worker on recent examination has sensory and motor deficits in the lower extremities, and documented lumbosacral radiculopathy. Imaging would likely guide future management. She has continued to remain in pain, despite medications. Medical necessity has been substantiated. This request is medically necessary.

Retro: 1 Thoracic single positional MRI DOS 1/29/14: 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 (Acute and Chronic): MRIs.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option, failure to respond to a strengthening program intended to avoid surgery, findings of red flags to include significant issue insult, and/or clarification of anatomy prior to an invasive procedure. Within the submitted documentation, there is no significant thoracic spine finding on examination to warrant MRI. The injured worker carries a diagnosis of thoracic pain. At this time, medical necessity has not been established. This request is not medically necessary.