

Case Number:	CM15-0162883		
Date Assigned:	08/31/2015	Date of Injury:	04/16/2004
Decision Date:	10/20/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/19/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 69 year old female, who sustained an industrial injury on 4-16-2004. She reported back and neck pain. The mechanism of injury is unclear. The injured worker was diagnosed as having back pain, cervicalgia, myalgia and myositis, lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, and lumbar radiculopathy. Treatment to date has included medications, CT scan of the lumbar spine (2-9-2009), magnetic resonance imaging of the lumbar spine (1-22-2015), injections, and physical therapy. The request is for one bilateral L3-4, L4-5, and L5-S1 medial branch nerve block, Ultram, and Zanaflex. On 1-22-2015, she reported low back pain. She rated her pain 10 out of 10, and indicated it radiated to both lower extremities and into the buttocks bilaterally. She is noted to have tenderness in the sciatic notch bilaterally, and a positive straight leg raise test on the right. The treatment plan included: magnetic resonance imaging of the lumbar spine, home exercise program, ergonomic work station set up. On 2-4-2015, she reported low back pain rated 10 out of 10. The treatment plan included: facet injections completed in office. On 7-21-2015, she reported neck pain rated 3 out of 10 with radiation into the bilateral shoulders. She reported her symptoms to be increasing and described as pins and needles. Physical findings revealed tenderness and decreased range of motion in the lumbar spine, negative Faber and straight leg raise testing and positive Kemps bilaterally. The treatment plan included: lumbar or sacral facet injection, medial nerve branch block due to failed physical therapy, home exercise program, and anti-inflammatory medications, and refilling of Ultram, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5 and L5-S1 Medial Branch Nerve Blocks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Facet joint intra-articular injections (therapeutic blocks), Facet joint medial branch blocks (therapeutic injections), Medial branch blocks (MBBs).

Decision rationale: The CA MTUS does not directly address medial branch nerve blocks. The ACOEM guidelines state that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. The ODG guidelines refer medial branch blocks to facet joint medial branch blocks (therapeutic injections) which are not recommended except as a diagnostic tool. There is minimal evidence for treatment. The ODG guidelines give specific criteria for use of therapeutic intra-articular and medial branch blocks which are as follows: 1). No more than one therapeutic intra-articular block is recommended. 2). There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3). If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4). No more than 2 joint levels may be blocked at any one time. 5) There should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. In this case, there is indication of lumbar radiculopathy onset in November 2013. Therefore, the request for Bilateral L3-4, L4-5 and L5-S1 Medial Branch Nerve Blocks is not medically necessary.

Ultram #30 with 2 Refills: 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): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates

opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include 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. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of 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. There is no discussion of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. In addition, the request does not provide specific details for the medication (name; dose; frequency; quantity). Thus approving requests for refills would not be logical. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Ultram #30 with 2 Refills is not medically necessary.

Zanaflex #60: 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 CA MTUS recommends 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. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Zanaflex is an antispasticity and antispasmodic drug. Per the CA MTUS, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. 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. May also provide benefit as an adjunct treatment for fibromyalgia. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, it is unclear exactly when Zanaflex was started; however it does appear to have been prior to the 7-21-2015 date of service. The prescription for Zanaflex does not include specific details of frequency of use. Request for refills without specific details such as: name, dose, frequency, and quantity cannot be confirmed, and on this basis alone would be not medically necessary. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, based on all these findings per the guidelines the request for Zanaflex #60 is not medically necessary.