

<b>Case Number:</b>	CM15-0168693		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/15/2005
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43-year-old male who sustained an industrial injury on July 15, 2005 resulting in low back pain. Diagnoses have included lumbago, failed back syndrome, lumbosacral spondylosis without myelopathy, and post-laminectomy syndrome. Documented treatment includes a laminectomy in 2006, a fusion L5-S1 in 2007, unspecified injections noted as not being helpful, and medication which has included Gabapentin, Oxycontin, Percocet, and MSIR which he feels has not been helpful. The injured worker continues to report increasing back pain with numbness and tingling radiating down his left lower extremity, and muscle spasms when he stretches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine closed w/ contrast:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for low back pain with lower extremity radicular symptoms and muscle spasms. He has a history of failed back surgery syndrome with a laminectomy in 2006 and L5-S1 fusion in 2007. Post-operative testing has included a CT scan in October 2010. He was seen for an initial evaluation by the requesting provider on 07/30/15. He had pain rated at 8/10. Medications were Norco and MS IR. Physical examination findings included decreased lumbar spine range of motion. There was lumbar tenderness. There was normal strength with lower extremity dysesthesias. When this request was submitted, pain was rated at 9/10. OxyContin and Percocet were being prescribed. He was having an increase in back pain and muscle cramps and shooting pain into the left leg and foot. He was considering undergoing further surgery. Physical examination findings were unchanged. MS Contin and Norco were prescribed. The total MED (morphine equivalent dose) was 60 mg per day. Zanaflex 2 mg #30 was prescribed. An MRI was requested. An MRI scan with contrast is considered the test of choice for patients with prior back surgery. In this case, the claimant has not had post-operative imaging since 2010 and has not had a contrast enhanced lumbar MRI. He has radicular symptoms and further surgery is being considered. The requested scan is medically necessary.

**Ms Contin 15mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4 A's for ongoing management of Opioids Page(s): 78 and 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for low back pain with lower extremity radicular symptoms and muscle spasms. He has a history of failed back surgery syndrome with a laminectomy in 2006 and L5-S1 fusion in 2007. Post-operative testing has included a CT scan in October 2010. He was seen for an initial evaluation by the requesting provider on 07/30/15. He had pain rated at 8/10. Medications were Norco and MS IR. Physical examination findings included decreased lumbar spine range of motion. There was lumbar tenderness. There was normal strength with lower extremity dysesthesias. When this request was submitted, pain was rated at 9/10. OxyContin and Percocet were being prescribed. He was having an increase in back pain and muscle cramps and shooting pain into the left leg and foot. He was considering undergoing further surgery. Physical examination findings were unchanged. MS Contin and Norco were prescribed. The total MED (morphine equivalent dose) was 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. MS Contin is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing severe pain. The total MED prescribed was

less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

**Zanaflex 2mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 2005 and continues to be treated for low back pain with lower extremity radicular symptoms and muscle spasms. He has a history of failed back surgery syndrome with a laminectomy in 2006 and L5-S1 fusion in 2007. Post-operative testing has included a CT scan in October 2010. He was seen for an initial evaluation by the requesting provider on 07/30/15. He had pain rated at 8/10. Medications were Norco and MS IR. Physical examination findings included decreased lumbar spine range of motion. There was lumbar tenderness. There was normal strength with lower extremity dysesthesias. When this request was submitted, pain was rated at 9/10. OxyContin and Percocet were being prescribed. He was having an increase in back pain and muscle cramps and shooting pain into the left leg and foot. He was considering undergoing further surgery. Physical examination findings were unchanged. MS Contin and Norco were prescribed. Zanaflex 2 mg #30 was prescribed. Zanaflex (tizanidine) is a centrally acting alpha 2- adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, the claimant was having an increase in muscle spasms and a limited quantity was prescribed without refills. The request was appropriate and medically necessary.