

Case Number:	CM15-0180498		
Date Assigned:	09/22/2015	Date of Injury:	10/21/2014
Decision Date:	10/26/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/14/2015

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
 Certification(s)/Specialty: Emergency 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 36-year-old female who sustained an industrial injury on October 21, 2014. Diagnoses related to this request include lumbago, lumbar sprain, lumbosacral neuritis, and lumbar disc displacement. Documented treatment includes medication stated to help perform home exercise and activities of daily living. NSAID medication has been discontinued due to stomach discomfort, and medications listed August 3, 2015 include Norco, Voltaren, and Zanaflex. Other treatment noted is 10 sessions of physical therapy. The injured worker continues to report low back pain rated as 9 out of 10 which radiates down both extremities with numbness and tingling. The physician noted antalgic gait, positive straight leg raises and tenderness. The August 3, 2015 progress report states that persistent complaints have lasted "greater than six months," and there is a "failure to improve significantly with conservative treatment." The treating physician's plan of care includes a request for authorization on August 3, 2015 for Norco 5-325 mg, Zanaflex 2mg, and a consultation with a pain management physician for consideration of a right SI joint cortisone injection-rhizotomy, which were denied on August 21, 2015. Current work status temporary totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management physician for consideration of right SI joint cortisone injection/rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, neurotomy.

Decision rationale: The requested Consultation with pain management physician for consideration of right SI joint cortisone injection/rhizotomy, is not medically necessary. CA MTUS is silent. ODG Treatment; Integrated Treatment/Disability Duration Guidelines Hip & Pelvis (Acute & Chronic) (updated 06/12/13), Sacroiliac joint radiofrequency neurotomy, Sacroiliac joint diagnostic injections note that these are no longer recommended. The injured worker has low back pain rated as 9 out of 10 which radiates down both extremities with numbness and tingling. The treating physician has not documented three exam findings indicative of SI pathology, and ODG no longer recommend SI diagnostic injection or rhizotomy. The criteria noted above not having been met, Consultation with pain management physician for consideration of right SI joint cortisone injection/rhizotomy is not medically necessary.

Norco 5/325mg; one by mouth every day as needed, QTY: 30: 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 for chronic pain.

Decision rationale: The requested Norco 5/325mg; one by mouth every day as needed, QTY: 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain rated as 9 out of 10 which radiates down both extremities with numbness and tingling. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg; one by mouth every day as needed, QTY: 30 is not medically necessary.

Zanaflex 2mg; one to two three times a day as needed, QTY: 120: 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 requested Zanaflex 2mg; one to two three times a day as needed, QTY: 120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain rated as 9 out of 10 which radiates down both extremities with numbness and tingling. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 2mg; one to two three times a day as needed, QTY: 120 is not medically necessary.