

Case Number:	CM15-0180728		
Date Assigned:	09/22/2015	Date of Injury:	09/17/1997
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
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: 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 50 year old female who sustained an industrial injury September 17, 1997. Past history included COPD (chronic obstructive pulmonary disease), anxiety and depression. According to a primary treating physician's progress report dated August 26, 2015, the injured worker presented for re-evaluation with complaints of low back pain and pain in both buttocks, with radiation to her thoracic spine. She reports the pain is worse with increased muscle spasms. She rated her pain 10 out of 10 without medication and 7 out of 10 with medication. She reports the insurance company has denied sacroiliac joint injections, Celebrex, Lidoderm patches, and supplies for a TENS (transcutaneous electrical nerve stimulator) unit. She has started taking Lexapro, which is helping without adverse reaction to date. Physical examination revealed; 5'4" and 136 pounds; tenderness over the bilateral sacroiliac joints; positive Gaenslen's test bilaterally, positive Gillet's test bilaterally, positive Faber's test bilaterally, and straight leg raise is negative bilaterally; ambulates with a slow and slightly antalgic gait. Diagnoses are low back pain; chronic sacroiliac joint pain; chronic pain syndrome. Treatment plan included continue with medication, provided an ice pack to use to reduce pain, and at issue, a request for authorization dated August 27, 2015, for Lioresal 20mg #90 with (2) refills and an ice pack. According to utilization review dated September 2, 2015, the request for (1) prescription for Lioresal 20mg #90 with (2) refills was been modified to a certification of (1) prescription of Lioresal 20mg #60 between August 26, 2015 and November 26, 2015. The request for (1) Ice pack between August 26, 2015 and October 27, 2015 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lioresal 20mg #90 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): Muscle relaxants (for pain).

Decision rationale: Based on the 8/26/15 progress report provided by the treating physician, this patient presents with worsening low back pain with pain in bilateral buttocks, and radiating thoracic spine pain with spasms rated 10/10 without medications and 7/10 with medications. The treater has asked for 1 prescription for Lioresal 20mg #90 with 2 refills on 8/26/15. The patient's diagnoses per request for authorization dated 8/27/15 are chronic SI joint pain and chronic pain syndrome. The patient is aggravated by prolonged activity and improved by changing position, medications, and injections per 8/26/15 report. The patient is s/p electrodiagnostic studies from 12/5/13 which did not show evidence of peripheral neuropathy, lumbar radiculopathy, or distal lower extremity compression neuropathy per 7/15/15 report. The patient is taking Lexapro and Lyrica which helps, with no adverse side effects per 8/26/15 report. The patient's work status is permanent and stationary per 7/15/15 report. MTUS Chronic Pain Guidelines 2009, Muscle Relaxants section, page 63 states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Lioresal has been included in patient's medications per progress reports dated 3/11/15, 4/22/15, 7/15/15 and 8/26/15. It is not known when this medication was initiated. MTUS Guidelines do not recommend use of muscle relaxants for longer than 2 to 3 weeks. The patient has been prescribed Lioresal for more than 5 months per review of reports. The request for additional Lioresal would exceed guideline recommendation. Furthermore, the request for quantity 90 with two refills does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

1 Ice Pack: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper

Back (Acute and Chronic) Chapter, under Cold Packs Low Back Chapter under Cold/Heat Packs.

Decision rationale: Based on the 8/26/15 progress report provided by the treating physician, this patient presents with worsening low back pain with pain in bilateral buttocks, and radiating thoracic spine pain with spasms rated 10/10 without medications and 7/10 with medications. The treater has asked for 1 ICE PACK on 8/26/15 "to reduce their pain." The patient's diagnoses per request for authorization dated 8/27/15 are chronic SI joint pain and chronic pain syndrome. The patient is aggravated by prolonged activity and improved by changing position, medications, and injections per 8/26/15 report. The patient is s/p electrodiagnostic studies from 12/5/13 which did not show evidence of peripheral neuropathy, lumbar radiculopathy, or distal lower extremity compression neuropathy per 7/15/15 report. The patient is taking Lexapro and Lyrica which helps, with no adverse side effects per 8/26/15 report. The patient's work status is permanent and stationary per 7/15/15 report. ODG Guidelines, Neck and Upper Back (Acute and Chronic) Chapter, under Cold Packs, states: "Recommended. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999)" ODG Guidelines, Low Back Chapter under Cold/Heat Packs recommends at-home, local applications of cold pack in the first few days of acute complaints; thereafter, applications of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. The treater has not specifically addressed this request, other than the requesting 8/26/15 report which states ice packs were given "to reduce pain." Review of the medical records does not show prior use of ice packs. However, considering the patient's persistent lumbar pain and the guidelines support for the use of cold/heat packs, the request appears to be reasonable and within ODG guideline recommendations. The request IS medically necessary.