

Case Number:	CM15-0187160		
Date Assigned:	09/29/2015	Date of Injury:	09/06/2012
Decision Date:	12/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 62 year old female who sustained an industrial injury on 09-06-2012. Medical records indicated the worker was treated for cervical spine discopathy; bilateral carpal tunnel syndrome; and lumbar spine discopathy. In the provider notes of 08-06-2015, the injured worker rates the following complaints of pain on a scale of 0-10: She complains of stabbing low back pain rated an 8, aching pain in the neck rated a 5, aching pain in the bilateral knees rated a 4, and pins and needles sensation in the hands rated a 3. She also complains of aching pain in the head. On examination, the worker is noted to have a slow and antalgic gait. Exam of the cervical spine reveals spasm with reduced strength in the upper extremities. She has cervical spine midline tenderness and spasm with rotation pain bilaterally to 30 degrees and chin to chest flexion is to 20 degrees and 15 degrees of extension. She has a mildly positive compression test. Her lumbar spine has spasm on range of motion, and reduced strength in the lower extremities. She has spasm, tightness and tenderness to the bilateral sacroiliac joints with straight leg raise positive to 60 to 70 degrees and a mild decrease in right S1 sensation. Her DTR's are intact with no clonus. Her medications include atenolol, Xanax, Effexor, Tizanide and Tramadol, all of which are reported as "helping". She has been on Tizanide since at least 04-20-2015 and Tramadol since at least 05-29-2015. The treatment plan included medications, injections, and extracorporeal shock wave therapy. Plans for pain management have been authorized and are pending scheduling. A request for authorization was submitted for 1. Meloxicam 7.5mg one by mouth twice a day #60 with 1 refill. 2. Tramadol/APAP 37.5mg #60 one by mouth every 6-8

hours as needed with 1 refill. 3. Tizanidine 4mg one by mouth twice a day #604. Retrospective Injection of Lidocaine and Celestone, 6cc of Lidocaine and 2cc of Celestone5. Referral to Dr. for Facet Block and Facet Rhizotomy Block. 6. Extracorporeal Shock Wave Therapy, Hips, A utilization review decision 08/26/2015: Noncertified: Meloxicam 7.5mg one by mouth twice a day #60 with 1 refill; Tizanidine 4mg one by mouth twice a day #60, Referral to Dr. for Facet Block and Facet Rhizotomy Block; Extracorporeal Shock Wave Therapy, Hips And Certified: Tramadol/APAP 37.5mg #60 one by mouth every 6-8 hours as needed with 1 refill (one month for weaning); Retrospective Injection of Lidocaine and Celestone, 6cc of Lidocaine and 2cc of Celestone

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg one by mouth twice a day #60 with 1 refill: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and gastrointestinal complications. The guidelines recommend that the utilization of NSAIDs be limited to the lowest possible dose for the shortest duration to minimize adverse effects. The records indicate that the patient is utilizing NSAIDs for the treatment of exacerbation of musculoskeletal pain. The criteria for the use of Meloxicam 7.5mg one by mouth twice a day #60 with 1 refill was met. Therefore the request is medically necessary.

Tramadol/APAP 37.5mg #60 one by mouth every 6-8 hours as needed with 1 refill:
Overturned

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 for chronic pain, Opioids, dosing, Opioids, indicators for addiction, Opioids, screening for risk of addiction (tests), Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient is utilizing low dose opioid for the treatment of exacerbation of musculoskeletal pain. There is documentation of compliance and functional restoration without aberrant behavior or adverse medication effect. The criteria for the use of Tramadol / APAP 37.5mg #60 one by mouth every 6 to 8 hours as needed with 1 refill was met. Therefore, the request is medically necessary.

Tizanidine 4mg one by mouth twice a day #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): Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with psychiatric and opioid medications. The records indicate that the duration of utilization of Tizanidine had exceeded the guidelines recommended maximum duration of 4 to 6 weeks. There is no documentation of guidelines recommended liver function test to evaluate the liver during chronic utilization of Tizanidine. The criteria for the use of Tizanidine 4mg one by mouth twice a day #60 was not met. The request is not medically necessary.

Referral to Dr for Facet Block and Facet Rhizotomy Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Facet and Rhizotomy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that facet injections can be utilized for the treatment of non-radicular back pain of facet origin when conservative treatments with medications, PT, behavioral modifications and exercise have failed. The records indicate subjective and objective findings consistent with radicular low back pain not facet pain. The patient indicated significant pain relief with medication management. The guidelines noted the high incidence of lack of efficacy or functional restoration from interventional procedures in chronic pain patients with significant co-existing psychiatric disorders. The criteria for Referral for Facet Block and Facet Rhizotomy Block was not met. The request is not medically necessary.

Extracorporeal Shock Wave Therapy, Hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a050255.htm - Extracorporeal Shock Wave Therapy for Orthopedic Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ultrasound, therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, ESWT.

Decision rationale: The CA MTUS and the ODG guidelines noted that there limited information to support the use of Extracorporeal Shock Wave Therapy (ESWT) in the management of chronic musculoskeletal pain. It was noted that there are some data indicating beneficial effects of ESWT in specific conditions such as lateral epicondylitis and tendinitis of the shoulders. The records indicate that the patient presented with chronic pain locate in multiple skeletal regions. The ESWT request was intended to be utilized for the treatment of the hip pain. The criteria for Extracorporeal Shock Wave Therapy to hips was not met. The request is not medically necessary.