

Case Number:	CM15-0193340		
Date Assigned:	10/07/2015	Date of Injury:	03/20/2002
Decision Date:	11/13/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/01/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 65-year-old female, with a reported date of injury of 03-20-2002. The diagnoses include status post removal of hardware and exploration of fusion at L4-5 and L5-S1 with revision of posterior fusion from L4-S1 followed by anterior fusion of L4-5 and L5-S1; status post anterior-posterior fusion at L4-5 and L5-S1 with subsequent hardware removal; status post L3-4 posterior lumbar decompression with instrumented fusion; lumbosacral spondylosis; and lumbar spinal stenosis. Treatments and evaluation to date have included Lidoderm patches, trigger point injections, Norco (since at least 12-2014), Flexeril, physical therapy, and Zanaflex (since at least 06-2015). The diagnostic studies to date have not been included in the medical records provided. The progress report dated 09-14-2015 indicates that the injured worker had a history of discomfort from the right leg into the low back. It was noted that she had back pain and a constant throbbing sensation on the right side with swelling. It was noted that the medications were not helping with the back pain as they had previously. The injured worker's pain rating was not documented. The physical examination showed severe difficulty with sitting, standing, and walking due to back and leg symptoms; use of a cane for assistance; a well-healed incision in the low back region with severe tenderness upon palpation; no active muscle spasms; difficulty rising from a seated to standing position; and an antalgic gait. It was noted that x-rays of the lumbar spine on 08-10-2015 showed a stable position of the hardware at the L2-3 level. The treatment plan included an MRI of the lumbar spine with and without contrast and a prescription for Norco and Zanaflex. The injured worker's condition remained permanent and stationary. The request for authorization was dated 09-22-2015. The treating physician

requested an MRI with and without contrast, Norco 10mg #60, and Zanaflex 400mg #60 with one refill. On 09-29-2015, Utilization Review (UR) non-certified the request for MRI with and without contrast and Norco 10mg #60; and modified the request for Zanaflex 400mg #60 with one refill to Zanaflex 400mg #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with and without contrast: 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. MRIs (magnetic resonance imaging).

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 section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine with and without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are status post L2 - L3 TLIF February 5, 2015; status post removal hardware and exploration of fusion May 17, 2007; status post L3 -L4 TLIF March 2014; status post A/P L4 - S1 fusion 2002; and sarcoidosis. Date of injury is March 20, 2002. Request for authorization is September 22, 2015. According to a February 23, 2015 progress notes, the treating provider prescribed Norco 10/325 mg and Flexeril 10 mg. Subsequent documentation from a June 15, 2015 progress note states the treating provider prescribe Norco and Flexeril on a PRN basis. Flexeril was noncertified. Flexeril was changed to Zanaflex and Norco was changed from t.i.d to b.i.d. According to a September 14, 2015 progress note, subjective complaints include ongoing right knee pain, back pain. Objectively, there was decreased range of motion and tenderness to palpation with no evidence of spasm in the lumbar paraspinal muscles. There was weakness 4/5 in the right leg with limitations secondary to the knee and back pain. The injured worker did not exhibit significant pathology the lumbar spine with evidence of an acute neurologic deficit. There is global weakness to the right leg for which the patient is currently immobilized from a recent patella fracture. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Based on the clinical information in the medical record, peer- reviewed evidence-based guidelines, no unequivocal objective findings that

identify specific nerve compromise on the neurologic evaluation and no significant pathology to the lumbar spine, MRI of the lumbar spine with and without contrast is not medically necessary.

Norco 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10 # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post L2 - L3 TLIF February 5, 2015; status post removal hardware and exploration of fusion May 17, 2007; status post L3 - L4 TLIF March 2014; status post A/P L4 - S1 fusion 2002; and sarcoidosis. Date of injury is March 20, 2002. Request for authorization is September 22, 2015. According to a February 23, 2015 progress notes, the treating provider prescribed Norco 10/325 mg and Flexeril 10 mg. Subsequent documentation from a June 15, 2015 progress note states the treating provider prescribe Norco and Flexeril on a PRN basis. Flexeril was noncertified. Flexeril was changed to Zanaflex and Norco was changed from t.i.d to b.i.d. According to a September 14, 2015 progress note, subjective complaints include ongoing right knee pain, back pain. Objectively, there was decreased range of motion and tenderness to palpation with no evidence of spasm in the lumbar paraspinal muscles. There was weakness 4/5 in the right leg with limitations secondary to the knee and back pain. The injured worker did not exhibit significant pathology the lumbar spine with evidence of an acute neurologic deficit. There is global weakness to the right leg for which the patient is currently immobilized from a recent patella fracture. There are no detailed pain assessments in the medical record. There are no risk assessments. There is no documentation indicating an attempt at weaning Norco. The documentation does not demonstrate objective functional improvement. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with detailed pain assessments or risk assessments, no documentation of attempted weaning and no documentation demonstrating objective functional improvement, Norco 10 # 60 is not medically necessary.

Zanaflex 400mg #60 plus 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 400mg #60 with 1 refill is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post L2 - L3 TLIF February 5, 2015; status post removal hardware and exploration of fusion May 17, 2007; status post L3 - L4 TLIF March 2014; status post A/P L4 - S1 fusion 2002; and sarcoidosis. Date of injury is March 20, 2002. Request for authorization is September 22, 2015. According to a February 23, 2015 progress notes, the treating provider prescribed Norco 10/325 mg and Flexeril 10 mg. Subsequent documentation from a June 15, 2015 progress note states the treating provider prescribe Norco and Flexeril on a PRN basis. Flexeril was noncertified. Flexeril was changed to Zanaflex and Norco was changed from t.i.d to b.i.d. According to a September 14, 2015 progress note, subjective complaints include ongoing right knee pain, back pain. Objectively, there was decreased range of motion and tenderness to palpation with no evidence of spasm in the lumbar paraspinal muscles. There was weakness 4/5 in the right leg with limitations secondary to the knee and back pain. The injured worker did not exhibit significant pathology the lumbar spine with evidence of an acute neurologic deficit. There is global weakness to the right leg for which the patient is currently immobilized from a recent patella fracture. As noted above, the documentation indicates Flexeril was prescribed as far back as February 23, 2015. Flexeril was noncertified and the treating provider than prescribed Zanaflex (in exchange for Flexeril). Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation in the record of acute low back pain or an acute exacerbation of chronic low back pain. The treating provider exceeded the recommended guidelines for short-term (less than two weeks) use by continuing muscle relaxants in excess of seven months. Additionally, there was no documentation demonstrating objective functional improvement. Lastly, the treating provider requested Zanaflex 400 mg. Zanaflex does not come in that strength. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain, no documentation demonstrating objective functional improvement and continued muscle relaxing use in excess of the recommended guidelines for short-term (less than two weeks), Zanaflex 400mg #60 with 1 refill is not medically necessary.