MAXIMUS Federal Services

Case Number:	CM15-0207561		
Date Assigned:	10/26/2015	Date of Injury:	06/30/2008
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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:

This injured worker is a 49 year old female who reported an industrial injury on 6-30-2008. Her diagnoses, and or impressions, were noted to include: arachnoiditis; lumbar radiculitis-sciatica; status-post lumbar fusion; post-lumbar laminectomy syndrome; and persistent mechanical low back and radiating leg pain. Recent magnetic imaging studies of the lumbar spine were done on 5-21-2015, noting post-operative changes with possible seroma, and foraminal stenosis. Her treatments were noted to include medication management; and modified work duties. The progress notes of 9-24-2015 reported: severe and continued mechanical back pain associated with a failed fusion and revision surgery, and with symptoms with arachnoiditis; and that because of denials for the TENS unit, Zanaflex and Norco, she was having to take her own narcotic medications. The objective findings were noted to include: considerable discomfort; that she requested trigger point injections; guarded range-of-motion; tenderness in the lumbosacral junction; waist asymmetry; and atrophy of the lumbar para-spinal musculature. The physician's requests for treatment were not noted to include the continued request for a TENS unit which helped her; and continued support with her Zanaflex 4 mg, 1 as needed up to 3 x a day, #90; and Norco 10-325 mg every 4-6 hours as needed for pain. No Request for Authorization for a TENS unit for home use, #90 Norco 10-325 mg, and #30 Zanaflex 4 mg was noted in the medical records provided. The Utilization Review of 10-16-2015 non-certified the request for a TENS unit for home use, #90 Norco 10-325 mg, and #30 Zanaflex 4 mg. Norco and Zanaflex were noted treatments as far back as 4-13-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use: 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): Transcutaneous electrotherapy.

Decision rationale: Based on the 9/24/15 progress report provided by the treating physician, this patient presents with back pain, radiating leg pain. The treater has asked for TENS unit for home use on 9/24/15. The request for authorization associated with the current request was not included in the documentation but the patient's diagnoses per a prior request for authorization for a TENS unit dated 9/3/15 are post laminectomy syndrome, arachnoiditis, lumbar radiculitis/ sciatica. The date of the previous lumbar fusion was not included in review of reports dated 4/7/15 to 9/24/15. The patient has stiffness of the low back that is controlled only with narcotics per 8/12/15 report. The patient is complaining of cramping in her legs particularly at night, and slight numbness in bilateral feet per 8/12/15 report. The patient is s/p mild trauma to her low back while at work 2 weeks ago, with some resultant upper lumbar pain above the area of her fusion which took her about a week to recover from according to 7/23/15 report. The patient is currently on modified work duty of ten pounds, and working full duty per 9/24/15 report. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the provider is requesting a TENS unit "because of her paresthesais in her bilateral lower extremities and radicular leg symptoms" per 9/24/15 report. Utilization review letter dated 10/16/15 denies request as the patient had 2 prior trials of TENS unit without documentation of improvement in pain relief or reduction in medication use. There is no mention of the prior 30-day trial of TENS unit per review of reports dated 4/7/15 to 9/24/15. As there is a lack of evidence of a successful 30-day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 9/24/15 progress report provided by the treating physician, this patient presents with back pain, radiating leg pain. The treater has asked for Norco 10/325mg #90 on 9/24/15. The request for authorization associated with the current request was not

included in the documentation but the patient's diagnoses per a prior request for authorization for Norco dated 9/3/15 are post laminectomy syndrome, arachnoiditis, lumbar radiculitis/sciatica. The date of the previous lumbar fusion was not included in review of reports dated 4/7/15 to 9/24/15. The patient has stiffness of the low back that is controlled only with narcotics per 8/12/15 report. The patient is complaining of cramping in her legs particularly at night, and slight numbness in bilateral feet per 8/12/15 report. The patient is s/p mild trauma to her low back while at work 2 weeks ago, with some resultant upper lumbar pain above the area of her fusion which took her about a week to recover from according to 7/23/15 report. The patient is currently on modified work duty of ten pounds, and working full duty per 9/24/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. The patient has been taking Norco since 4/13/15 and in subsequent reports dated 7/23/15, 8/11/15, and 9/24/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.

Zanaflex 4mg #30: 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 rationale: Based on the 9/24/15 progress report provided by the treating physician, this patient presents with back pain, radiating leg pain. The treater has asked for Zanaflex 4mg #30

on 9/24/15. The request for authorization associated with the current request was not included in the documentation but the patient's diagnoses per a prior request for authorization for Zanaflex dated 9/3/15 are post laminectomy syndrome, arachnoiditis, lumbar radiculitis/sciatica. The date of the previous lumbar fusion was not included in review of reports dated 4/7/15 to 9/24/15. The patient has stiffness of the low back that is controlled only with narcotics per 8/12/15 report. The patient is complaining of cramping in her legs particularly at night, and slight numbness in bilateral feet per 8/12/15 report. The patient is s/p mild trauma to her low back while at work 2 weeks ago, with some resultant upper lumbar pain above the area of her fusion which took her about a week to recover from according to 7/23/15 report. The patient is currently on modified work duty of ten pounds, and working full duty per 9/24/15 report. MTUS Guidelines, Muscle Relaxants for pain section, pg 66 states the following: Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study -conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference...Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)." The treater does not discuss this request in the reports provided. The patient has been taking Zanaflex since 4/13/15 report, and in subsequent reports dated 7/21/15, 8/12/15, and 9/24/15. However, the patient does not have a diagnosis of myofascial pain as per MTUS guidelines. In addition, the treater does not document or discuss how pain is reduced and function is improved by the patient as required by MTUS pg. 60. Given the lack of documentation of efficacy, the continued use of Zanaflex is not supported. This request is not medically necessary.