MAXIMUS Federal Services

Case Number:	CM15-0033341		
Date Assigned:	02/26/2015	Date of Injury:	07/23/2007
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 28 year old male, who sustained an industrial injury on 7/23/2007. The current diagnoses are chronic lumbar strain with disc bulge, bilateral lower extremity radiculopathy, thoracic spine sprain, and left shoulder sprain. Currently, the injured worker complains of pain in the left shoulder, thoracic spine, and lumbar spine. The thoracic spine pain is described as frequent and breath taking, and increases with stooping. The lumbar pain is described as a constant ache that radiates into the bilateral lower extremities to the feet. The overall pain is rated 7/10 on a subjective pain scale. Treatment to date has included medications, chiropractic, and cortisone injection to the left shoulder. MRI of the lumbar spine shows a 3 millimeter disc protrusion of L5-S1. The treating physician is requesting neurologist consultation, Tramadol 50mg #60 with 1 refill, and Zanaflex 4mg #60 with 1 refill, which is now under review. On 2/4/2015, Utilization Review had non-certified a request for neurologist consultation, Tramadol 50mg #60 with 1 refill, and Zanaflex 4mg #60 with 1 refill. The Tramadol and Zanaflex were modified to allow for weaning. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation, Kramer NM, Demaerschalk BM.A novel application of teleneurology: robotic telepresence in supervision of neurology trainees. Telemed J E Health 2014 Dec: 20(12): 1087-92 Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, neurology consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are chronic lumbar strain with disc bulge and bilateral lower extremity radiculopathy retrolisthesis L5 on S1, disc bulge L5 - S1; thoracic spine sprain; and left shoulder sprain. There is no documentation of any neurologic findings. There is no evidence of weakness, paresthesias, seizures or acute neurological documentation that warrants a neurologic consultation. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no clinical rationale for clinical indication for a neurologic consultation. A consultation is not required to aid in the diagnosis, prognosis or therapeutic management of this patient based on the clinical documentation in the medical record. The injured worker has no change in his functional status and the injured worker is able to walk one quarter of a mile. Consequently, absent clinical documentation that would aid in the diagnosis, prognosis and therapeutic management of the injured worker, a neurology consultation is not medically necessary.

Tramadol 50mg #60 plus 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 with one refill 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 by the

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. In this case, the injured worker's working diagnoses are chronic lumbar strain with disc bulge and bilateral lower extremity radiculopathy retrolisthesis L5 on S1, disc bulge L5 - S1; thoracic spine sprain; and left shoulder sprain. The documentation shows the injured worker was using Tramadol 50 mg in 2008. There were changes in the opiate medications from Tramadol to Norco. The January 21, 2015 progress note shows the treating physician changed Norco back to Tramadol. There is no clinical indication or clinical rationale for the change. Additionally, there was no clinical evidence of objective functional improvement associated with ongoing opiate use. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Tramadol 50 mg, Tramadol 50 mg #60 with one refill is not medically necessary.

Zanaflex 4mg #60 plus 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. 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 4 mg #60 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 chronic lumbar strain with disc bulge and bilateral lower extremity radiculopathy retrolisthesis L5 on S1, disc bulge L5 - S1; thoracic spine sprain; and left shoulder sprain. The documentation shows the treating physician prescribed Zanaflex on January 21, 2015. The documentation does show the injured worker was on Norflex in 2011, 2012 and 2013. The documentation does not contain evidence of objective functional improvement with ongoing Norflex use. Additionally, there is no clinical rationale for the change from Norflex to Zanaflex 4 mg. The treating physician exceeded the recommended guidelines of less than two weeks in the treatment timeframe with Norflex. The documentation indicated the injured worker took Norflex in excess of 4 years. There is no clinical indication based on the short-term use of muscle relaxants to continue Zanaflex. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short term use to support the ongoing use of Zanaflex 4 mg, Zanaflex 4 mg #60 is not medically necessary.