

Case Number:	CM15-0053582		
Date Assigned:	03/27/2015	Date of Injury:	03/15/2010
Decision Date:	05/04/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 03/15/2000. Initial complaints/symptoms reported included neck and back pain followed by bilateral leg pain. The initial diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications, injections, MRIs of the cervical and lumbar spines with the latest MRI of the lumbar spine (without contrast) being dated 12/11/2014, right shoulder surgery (04/15/2013), psychological/psychiatric evaluation/therapy, cognitive behavioral therapy, physical and aquatic therapies, and chiropractic manipulation. Currently, the injured worker complains of right sided neck pain, mid and low back pain, right shoulder pain and right wrist pain. The injured worker reported that her symptoms had not changed since previous exam. Diagnoses include cervicgia, right shoulder pain with impingement status post subacromial decompression and rotator cuff repair, lumbago, right leg sciatica, decompression, right ankle sprain, and right dorsal wrist mass. The treatment plan consisted of an enhanced (with contrast) MRI of the lumbar spine, medication refills, referral to hand specialist and pain management specialist, referral to dentist, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) contrast enhanced lumbar spine MRI scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI.

Decision rationale: The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. There has been no change in exam findings. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.

Unknown prescription of Vicodin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Vicodin is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of objective improvement in pain and function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Vicodin is considered medically unnecessary.

Unknown prescription of Zanaflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

Decision rationale: The request for Zanaflex is medically unnecessary. Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and

chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered medically unnecessary.