MAXIMUS Federal Services

Case Number:	CM15-0076029		
Date Assigned:	04/27/2015	Date of Injury:	02/17/2006
Decision Date:	08/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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 York
Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on February 17, 2006. The injured worker was diagnosed as having status post transforaminal lumbar interbody fusion at L3-L4 on October 23, 2014, severe chronic pain and breakthrough pain, disc herniation at L3-L4 with severe neural foraminal stenosis status post decompression at l3-l4 on September 4, 2013 with residual back pain, anterior posterior fusion at L4-L5 and l5-S1 with residual chronic low back pain, status post right wrist open reduction internal fixation with chronic pain, bilateral sacroiliitis, facet arthropathy at L3-L4 bilaterally with facet syndrome, multiple trigger points at L3-S1 bilaterally, chronic pain syndrome, Left L3-L4 radiculopathy, failed back syndrome, anxiety and depression due to chronic pain, neuropathic pain of the bilateral lower extremities, and myofascial pain with musculoskeletal spasm . Treatment to date has included bilateral sacroiliac joint steroid injections, MRI, lumbar surgeries, physical therapy, and medication. Currently, the injured worker complains of constant right wrist and hand pain, constant low back pain with radiation to the bilateral lower extremities, left worse than right, with associated numbness and tingling sensation, and constipation. The Secondary Treating Physician's report dated March 4, 2015, noted the injured worker reported that the medications provided him with 50% symptomatic relief and improved activities of daily living (ADLs), however he reported side effects of sleepiness, dry mouth, and constipation with the medications. Physical examination was noted to show the lumbar spine with tenderness over the L3 through S1 and bilateral sacroiliac joints, with straight leg raise positive on the right. The treatment plan was noted to include a prescription for a large progressive back brace for support, and medication prescriptions for Cymbalta, Neurontin, Norco, Ultram ER, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Large progressive back brace for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9;308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Update 4/7/08, Low Back Chapter, page 138, lumbar supports: 1. Lumbar supports are not recommended for prevention of LBP. Strength of Evidence - Not Recommended, Evidence (C) 2. Lumbar supports are not recommended for treatment of LBP, although they may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Strength of Evidence - Not Recommended, Evidence (C).

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. This quote from that reference is instructive: "The use of supports may appear to be helpful, as when there is pain, a support that reduces mobility may theoretically speed healing. However, numerous studies have shown a clear pattern that increasing activity levels reduces LBP (see Bed Rest, Aerobic Exercises). Thus, the theoretical construct for a beneficial use of lumbar supports for either treatment or prevention of LBP appears tenuous. Lumbar supports are low to moderate cost. They are not invasive, but they have minor but widely prevalent complications resulting in high non-compliance rates. There are other interventions with evidence of efficacy especially for treatment (NSAIDs, exercise, cognitive-behavioral, etc.), and also for prevention (exercise)." This injured worker is no longer in the post-operative treatment period. The lumbar brace is therefore not medically necessary.

Zanaflex 4 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months or more. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. None of the prescribing

physician reports address the results of using Zanaflex specifically. The work status remains as "temporarily totally disabled", indicating a complete lack of functional improvement. Note that tizanidine, when indicated, can be hepatotoxic. There are no reports which show that liver tests are monitored. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.