

Case Number:	CM15-0084734		
Date Assigned:	05/07/2015	Date of Injury:	06/24/2008
Decision Date:	06/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old male, who sustained an industrial injury on June 24, 2008. The mechanism of injury was not provided. The injured worker has been treated for neck, back and bilateral hip complaints. The diagnoses have included multilevel lumbar spine discs, failed back surgery times two, thoracic myofascitis, lumbar myofascitis/myositis, lumbar muscle spasms, sacroiliac joint inflammation, cervico-brachial syndrome, hypertension, probable post-traumatic insomnia and post-traumatic anxiety and depression. Treatment to date has included medications, radiological studies, sleep studies, psychiatric evaluation, acupuncture treatments, epidural steroid injections, massage therapy, a transcutaneous electrical nerve stimulation unit, pulmonary stress test, electroencephalogram (EEG) and two lumbar spine surgeries. Current documentation dated March 9, 2015 notes that the injured worker reported ongoing neck, bilateral hip and mid and low back pain. Examination of the cervical and lumbar spine revealed tenderness and a painful and decreased range of motion. Palpation of the lumbar musculature demonstrated severe hypertonicity on both sides. A Kemps' test and a straight leg raise test were positive bilaterally. The treating physician's plan of care included a request for one trigger point injection to the right sacroiliac joint and the medications Prilosec 20 mg # 60 and Zanaflex 4 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injection to right sacroiliac joint-one time: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Trigger point injection to right sacroiliac joint-one time is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The MTUS states that radiculopathy is not present (by exam, imaging, or neuro-testing). A trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle. The request for a trigger point injection into the right sacroiliac joint is not appropriate as trigger point injections are muscle injections rather than joint injections. The exam findings suggest radiculopathy and this is another reason why this injection is not appropriate. Furthermore, there is no documentation of a twitch response on exam. The request for a trigger point injection to right sacroiliac joint-one time is not medically necessary.

Prilosec 20mg #60 (prescribed 03/09/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec 20mg #60 (prescribed 03/09/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.

Zanaflex 4mg #90 (prescribed 03/09/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Muscle relaxants (for pain) Page(s): 66 and 63.

Decision rationale: Zanaflex 4mg #90 (prescribed 03/09/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic low back pain rather than an acute exacerbation of pain. There is no evidence that this is intended for short term usage. The request for Zanaflex is not medically necessary.