MAXIMUS Federal Services

Case Number:	CM14-0123420		
Date Assigned:	09/16/2014	Date of Injury:	01/28/2002
Decision Date:	10/16/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 51-year-old female was reportedly injured on January 28, 2002. The mechanism of injury was noted as a trip and fall type event. The most recent progress note, dated August 22, 2014, indicated that there were ongoing complaints of right shoulder, low back, right lower extremity pains. The physical examination demonstrated motor function to be 5/5, sensory intact, and tenderness to palpation in the lower lumbar spine. Diagnostic imaging studies objectified no acute osseous abnormalities of the ankle MRI. Previous treatment included Rhizotomy, multiple medications, physical therapy, epidural steroid injections, multiple medications, and other pain management interventions. A request had been made for Percocet 10/325 Mg, #150, Zanaflex 2 Mg, #150, Lidoderm Patch, #2, Senna, #60, MRI and ongoing podiatry follow-ups that was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use for a Therapeutic Trial of Opioids; Steps to take.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the MTUS, this is a short acting opioid indicated for management of moderate to severe pain. However, a review of the progress notes over the last several years did not indicate any significant pain relief, improvement in functionality or decrease in symptomatology. Therefore, while noting that the lowest possible dose that establishes these 2 parameters is to be used, the failure to accomplish any of the goals is a clinical reason not to continue this medication. Therefore, the request for Percocet 10/325 mg #150 is not medically necessary as it does not meet established guidelines.

Zanaflex 2 mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity Drugs; Antispasmodics; Metaxalone. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary last updated 06/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis, which is not supported by MTUS Treatment Guidelines. Furthermore, there is no spinal cord injury note because of OA spasticity. Therefore, this medication is not medically necessary.

Lidoderm patch, #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, there is no data suggesting that this medication has demonstrated any efficacy or utility. Therefore, the request for Lidoderm patch, #2 is not medically necessary as the medical necessity has not been established.

Senna, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use For A Therapeutic Trial Of Opioids; Prophylactic. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary last updated 06/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: MTUS guidelines support the use of stool softeners (i.e. Senna) for prophylactic treatment of constipation when starting opiate therapy. However, there are no complaints of constipation or physical examination findings to support the need for this medication. Therefore, when considering the date of injury, the time that the medication protocol has been employed and the lack of any specific complaints, the medical necessity has not been established. The request for Senna, #60 is not medically necessary and appropriate.

Magnetic Resonance Imaging (MRI), Plain, Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary last updated 03/18/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Cervical and Thoracic Spine Disorders: Diagnostic Investigations; MRI (Electronically Sited)

Decision rationale: When considering the date of injury, the injury sustained, and the multiple clinical interventions completed, there is no doubt as to the pathology in the spine. Therefore, based on the limited clinical information presented and noting that the progress notes sought a lumbar spine MRI, there is no medical necessity established for this study. The request for Magnetic Resonance Imaging (MRI), Plain, and Thoracic Spine is not medically necessary and appropriate.

Ongoing Podiatry Follow-Ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Foot & Ankle Procedure Summary last updated 03/26/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: As noted in the MTUS, the standards for any follow-up evaluation are based on the clinical indication. Noting the progress notes reviewed, there is no ongoing need for podiatric intervention. As such, the request for Ongoing Podiatry Follow-Ups is not medically necessary as medical necessity has not been established.