MAXIMUS Federal Services

Case Number:	CM14-0131409		
Date Assigned:	09/19/2014	Date of Injury:	07/29/2008
Decision Date:	10/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 & Rehabilitation and is licensed to practice in California. 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:

This case involves a 52 year old male with a 7/29/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/30/14, noted subjective complaints of low back and neck pain. Objective findings included decreased ROM lumbar spine and cervical spine. There are negative straight leg raise bilaterally. Diagnostic Impression: status post multiple cervical and lumbar procedures, left knee arthropathy. Treatments to date include cervical fusion, lumbar fusion, and medication management. A UR decision dated 8/7/14 denied the request for physical therapy (massage unspecified). There is no indication of how many massage therapy sessions the patient has already had and there is no documentation of any objective functional benefit from previous massage. It also denied Ultram 50 mg #90 refills x 3. There is no documentation that is has produced any functional improvement. It also denied Motrin 800 mg #75 refills x 4. There is no documentation that this medication provides any functional benefit. It also denied Zanaflex 4 mg #75 refills x 4. Guidelines only support short-term use for flare-ups of muscle spasm for chronic pain, not documented here. It also denied CT lumbar spine and cervical spine. There is no mention of any plain radiographs. There are no red flags.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (massage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. However, with a 2008 original date of injury, it is unclear how many previous massage therapy sessions the patient has had. There is no clear documentation of objective or functional benefit derived from previous massage therapy. Therefore, the request for physical therapy (massage unspecified) is not medically necessary.

Refills of Ultram 50mg #90 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation (TWC), 7th edition, 2011, Tramadol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2008 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for refills of Ultram 50 mg #90 x 3 is not medically necessary.

Motrin 800mg #75 refills x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, NSAIDS

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, with a 2008 date of injury, it is unclear how long the patient has been taking Motrin. Guidelines do not recommend chronic NSAID usage, but instead for the shortest period that is effective. Additionally, there is no documentation of objective or functional benefit derived from Motrin use. Therefore, the request for Motrin 800 mg #75 refills x 4 is not medically necessary.

Zanaflex 4mg #75 refills x 4: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, with a 2008 date of injury, it is unclear how long the patient has been taking Zanaflex. Guidelines do not recommend chronic muscle relaxant usage especially with the risk of dependence. Additionally, there is no documentation of objective or functional benefit derived from Zanaflex use. Therefore, the request for Zanaflex 4 mg #75 refills x 4 is not medically necessary.

CT lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter - CT

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. Unequivocal objective findings that identify specific nerve

compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, there is no mention of acute lumbar trauma, concern for myelopathy, or mention of lumbar x-rays that do not confirm prior fusion. Therefore, the request for CT lumbar spine is not medically necessary.

CT cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure; and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Official Disability Guidelines (ODG) states that cervical CT scans are indicated with suspected or known cervical spine trauma, after obtaining plain films. If there is a contraindication to the magnetic resonance examination, such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. However, there is no documentation of any red flag conditions. There is no documentation of neurologic dysfunction. Also, there is no mention of new cervical trauma. Furthermore, there is no mention of new surgical consideration. Therefore, the request for CT cervical spine is not medically necessary.