

Case Number:	CM14-0160582		
Date Assigned:	10/06/2014	Date of Injury:	11/26/2001
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/30/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

According to the records made available for review, this is a 70-year-old male with an 11/26/01 date of injury. At the time (8/4/14) of request for authorization for MRI (Magnetic Resonance Imaging) of the cervical spine with and without contrast, Norco 5/325mg #30 with 2 refills, and Tizanidine 4mg #30 with 2 refills, there is documentation of subjective (chronic neck pain radiating to the left upper extremity) and objective (tenderness to palpation over the spinous process at C6-7 and the paraspinal musculature of the cervical spine, and decreased cervical range of motion) findings, imaging findings (x-ray of the cervical spine (5/13/14) report revealed an old fusion with neuroforaminal compromise; compromise of the neural foramina at the C4-5 level; and foraminal compromise of the mid cervical spine in the area of fusion), current diagnoses (C5-6 disc herniation, C6-7 spondylosis, left upper extremity radiculopathy, and status post C5-6 and C6-7 anterior decompression and fusion in 2002), and treatment to date (medications (including ongoing treatment with Norco and Tizanidine since at least 5/6/14)). Medical report identifies a request for a cervical MRI as the patient had a previous surgical intervention and needs updated studies. In addition, medical reports identify a cervical MRI performed in 2001. Regarding MRI (Magnetic Resonance Imaging) of the cervical spine with and without contrast, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Regarding Norco 5/325mg #30 with 2 refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

Regarding Tizanidine 4mg #30 with 2 refills, there is no documentation of spasticity or acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine with and without contrast:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: The MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. The ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of C5-6 disc herniation, C6-7 spondylosis, left upper extremity radiculopathy, and status post C5-6 and C6-7 anterior decompression and fusion in 2002. In addition, there is documentation of a previous cervical MRI performed in 2001. However, despite documentation of subjective (neck pain radiating to the left upper extremity) and objective (tenderness to palpation over the spinous process at C6-7 and the paraspinous musculature of the cervical spine, and decreased cervical range of motion) findings, and a request for a cervical MRI as the patient had a previous surgical intervention (in 2002) and needs updated studies, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI (Magnetic Resonance Imaging) of the cervical spine with and without contrast is not medically necessary.

Norco 5/325mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of C5-6 disc herniation, C6-7 spondylosis, left upper extremity radiculopathy, and status post C5-6 and C6-7 anterior decompression and fusion in 2002. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco since at least 5/6/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 5/325mg #30 with 2 refills is not medically necessary.

Tizanidine 4mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less

than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of C5-6 disc herniation, C6-7 spondylosis, left upper extremity radiculopathy, and status post C5-6 and C6-7 anterior decompression and fusion in 2002. In addition, there is documentation of chronic pain. However, there is no documentation of spasticity or acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Tizanidine since at least 5/6/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Tizanidine. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4mg #20 is not medically necessary.