MAXIMUS Federal Services

Case Number:	CM14-0168435		
Date Assigned:	10/16/2014	Date of Injury:	10/26/2009
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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 Occupational Medicine 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:

The injured worker is a 46 year old female with a date of injury on 10/26/2009. As per the report of 08/06/14, she complained of neck and back pain. She underwent L5-S1 micro laminotomy and discectomy dated 01/25/11. Current medications include Naproxen, Gabapentin, and Tizanidine. Gabapentin and Naproxen were certified on 08/14/14. Home exercise program has been helpful in reducing and improving function. Diagnoses include advanced degenerative disc disease, cervical spine facet syndrome, and lumbar spine facet syndrome.Documentation lacks subjective and objective factors delineating complaints and clinical deficits, past treatments, magnetic resonance imaging scans, as well as objective functional improvement from prior use of Gabapentin, Tizanidine, and Naproxen.The request for Tizanidine 4 mg #60 4 refills was modified to #20 without refill; Gabapentin 300mg #60 4 refills, Naproxen 550mg #90 3 refills, magnetic resonance imaging scan of the cervical spine, and orthopedic consultation follow-up for the cervical spine was denied on 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tizanidine "Zanaflex" is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity or associated neurological disorders. There is no documentation of any significant improvement with prior use. Therefore, the request is not medically necessary.

Gabapentin 300mg #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, no significant relief or functional improvement has been reported with continuous use. Therefore, the medical necessity of Gabapentin has not been established under the guidelines and based on the available information. Therefore the request is not medically necessary.

Naproxen 550mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Naproxen is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that non steroidal anti-inflammatory drugs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that non steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The medical records do not demonstrate that this worker has obtained any benefit with the medication regimen. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. Long-term use of non steroidal anti-inflammatory drugs is not recommended due to gastrointestinal, cardiac, and renal side effects. In the absence of objective functional improvement, refill of Naproxen is not supported. Therefore the request is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 182. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI)

Decision rationale: According to the Official Disability Guidelines, magnetic resonance imaging scans of the cervical spine is recommended in chronic neck pain (after three months conservative treatment) with normal X-ray when neurological signs and symptoms are present; neck pain with radiculopathy if severe or progressive neurological deficits; chronic neck pain with radiographs show old trauma or spondylosis with neurological signs and symptoms present; chronic neck pain with radiographs show bone or disc margin destruction; in suspected cervical spine trauma with clinical findings suggestive of ligamentous injury (with X-ray / computed tomography normal); known cervical spine trauma with equivocal or positive plain films with neurological deficits. Per guidelines, repeat magnetic resonance imaging scans are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the medical records do not meet the above criteria. Furthermore, there is no evidence of any trauma, infection, fracture or progression of symptoms or neurological deficits to warrant a magnetic resonance imaging scan. Therefore, the medical necessity of the requested service cannot be established per guidelines and due to lack of medical necessity. The request is not medically necessary.

Ortho consult follow-up cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172.

Decision rationale: As per American College of Occupational and Environmental Medicine guidelines, a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. Furthermore, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex or when the plan or course of care may benefit from additional expertise. In this case, there is no clinical rationale submitted to warrant an orthopedic consultation and treatment. Furthermore, there is no indication of any need for surgical intervention. Hence, the request for one internal medicine consultation is not medically necessary.