

Case Number:	CM14-0181534		
Date Assigned:	11/06/2014	Date of Injury:	05/15/2000
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/31/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 52-year-old male who has submitted a claim for chronic back pain status post fusion and knee tendinopathy associated with an industrial injury date of 5/15/2000. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated 6/10 in severity. Pain was associated with right lower extremity numbness and tingling sensation. Physical examination of the lumbar spine showed flattening of lumbar lordosis, tenderness, limited motion, slightly abnormal sensory testing (nonspecific), normal reflexes, and negative sciatic nerve compression test. Muscle spasm was absent. Urine drug screen from 4/30/2014 showed consistent result with prescription medications. Treatment to date has included lumbar fusion surgery, and medications such as B12 injection, Norco, tizanidine, and tramadol (since April 2014). The utilization review from 10/9/2014 denied the request for unknown prescription of tizanidine because of absence of lumbar spasm to warrant use of medication; modified the request for hydrocodone/apap 10/325 mg, #120 into #45 for the purpose of weaning because of inconsistent urine drug screen results from 4/23/2014; denied 1 injection of 2cc B12 complex and B12 cyanocobalamin because of no evidence of deficient B12 levels; denied 1 flexion and extension view x-rays because of absence of red flags to warrant radiographic imaging; and denied urine drug screen because of non-certification of opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Tizandine: Upheld

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

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on tizanidine since April 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. The most recent physical examination likewise failed to show evidence of muscle spasm. The request likewise also failed to specify dosage and quantity to be dispensed. Therefore, the request for unknown prescription of Tizandine is not medically necessary.

Hydrocodone/APAP 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 121.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on hydrocodone/apap since April 2014. Urine drug screen from 4/30/2014 showed consistent result with prescription medications. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/APAP 10/325 mg, 120 count is not medically necessary.

One 2 cc injection of B-12 complex and B-12 cyanocobalamin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Vitamin B.

Decision rationale: The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal

pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, the patient complained of low back pain rated 6/10 in severity. Pain was associated with right lower extremity numbness and tingling sensation. Physical examination of the lumbar spine showed flattening of lumbar lordosis, tenderness, limited motion, slightly abnormal sensory testing (nonspecific), normal reflexes, and negative sciatic nerve compression test. X-ray of the lumbar spine is being requested; however, there is no documented rationale based on the records submitted. There is no worsening of subjective complaints and objective findings that may warrant x-ray at this time. The medical necessity cannot be established due to insufficient information. The request also failed to specify body part to be tested. Therefore, request for one flexion and extension view x-rays is not medically necessary.

One flexion and extension view X-rays: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, the patient complained of low back pain rated 6/10 in severity. Pain was associated with right lower extremity numbness and tingling sensation. Physical examination of the lumbar spine showed flattening of lumbar lordosis, tenderness, limited motion, slightly abnormal sensory testing (nonspecific), normal reflexes, and negative sciatic nerve compression test. X-ray of the lumbar spine is being requested; however, there is no documented rationale based on the records submitted. There is no worsening of subjective complaints and objective findings that may warrant x-ray at this time. The medical necessity cannot be established due to insufficient information. The request also failed to specify body part to be tested. Therefore, request for one flexion and extension view x-rays is not medically necessary.

One urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, tools for risk stratification & monitoring

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, current medications include Norco, tizanidine, and tramadol. Urine drug screen from 4/30/2014 showed consistent result with prescription medications. However, there is no documented rationale for a repeat urine drug screen at this time. Patient can be considered low risk due to absence of psychiatric comorbidity. Therefore, the request for one urine drug screen is not medically necessary.