

Case Number:	CM14-0206263		
Date Assigned:	12/18/2014	Date of Injury:	02/12/2014
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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 Family Practice 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 is a 57 year old female patient who sustained a work related injury on 2/12/14 Patient sustained the injury due to slip and fall incident The current diagnoses include sprain of the cervical and thoracic spine Per the doctor's note dated 11/17/14, patient has complaints of pain in neck, shoulder, back and headache. The low back pain radiates to groin with numbness in the right foot at 4/10 Physical examination of the neck and upper back revealed tenderness on palpation, limited range of motion, normal strength and normal sensory and motor examination. Physical examination of the right hip was not specified in the records provided Physical examination on 8/19/14 revealed tenderness and spasm of the cervical and lumbar region Physical examination of the right hip on 10/7/14 revealed tenderness on palpation and limited range of motion. The pt had an antalgic gait. The pt favored the right lower extremity The current medication lists include Tizanidine, Skelexin, Tramadol, Naproxen, Prilosec, Aspirin and Pamelor The patient has had Magnetic Resonance Imaging (MRI) of the cervical spine dated 06/16/14 that revealed Level C4-5 a mild loss of disc height with mild bilateral uncovertebral hypertrophy and a disc bulge measuring 1-2 mm without significant dural compression or neural foraminal stenosis; Nerve conduction velocity (NCV) studies of the upper extremities dated 07/25/14 that revealed moderate left median and ulnar neuropathy at the wrist; X-ray of the cervical spine that revealed narrowing at C6-7; X-ray of the lumbar spine that revealed mild facet arthropathy; X-ray of the pelvis that was normal Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 10/09/14)MRI (magnetic resonance imaging)

Decision rationale: ACOEM Occupational Medicine Practice Guidelines and MTUS do not address this issue. Therefore, ODG guidelines were used. Per ODG Hip & Pelvis guidelines cited below, hip MRI is indicated for, "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors." The patient (pt) had low back pain radiating to the groin. Physical examination of the right hip on 10/7/14 revealed tenderness on palpation and limited range of motion. The pt had an antalgic gait. The pt favored the right lower extremity. She has already had x-rays of the pelvis (which include the hip joint) which were normal. She has already been treated conservatively with medications. At this point, a MRI of the right hip is deemed medically appropriate and necessary to rule out any occult injury or pathology in the right hip area.

Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 12/31/14) Barbiturate-containing analgesic agents (BCAs).

Decision rationale: Fioricet contains a combination of acetaminophen, butalbital, and caffeine. Butalbital is a barbiturate with an intermediate duration of action. Butalbital is often combined with other medications, such as acetaminophen (paracetamol) or aspirin, and is commonly prescribed for the treatment of pain and headache. As per cited guideline, "Barbiturate-containing analgesic agents (BCAs) Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)." The Barbiturate-containing analgesic agents are not recommended as per the cited guidelines. She is already on other medications for pain including Tramadol. The response to these medications is not specified in the records provided. The rationale for adding fioricet is not specified in the records provided. The medical necessity of the request for Fioricet is not fully established in this patient.

Tizanidine 4mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: According to MTUS guidelines, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study... demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." Patient sustained the injury due to slip and fall incident. The current diagnoses include sprain of the cervical and thoracic spine. Per the doctor's note dated 11/17/14, patient has complaints of pain in neck, shoulder, back and headache. The low back pain radiates to groin with numbness in the right foot at 4/10 and physical examination on 8/19/14 revealed tenderness and spasm of the cervical and lumbar region and physical examination of the right hip on 10/7/14 revealed tenderness on palpation and limited range of motion. The patient has had Magnetic Resonance Imaging (MRI) of the cervical spine dated 06/16/14 that revealed Level C4-5 a mild loss of disc height with mild bilateral uncovertebral hypertrophy and a disc bulge measuring 1-2 mm without significant dural compression or neural foraminal stenosis; X-ray of the cervical spine that revealed narrowing at C6-7; X-ray of the lumbar spine that revealed mild facet arthropathy. The use of Tizanidine 4mg is medically appropriate and necessary in this patient at this time.