

<b>Case Number:</b>	CM14-0211404		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Maryland, District of Columbia  
 Certification(s)/Specialty: Internal Medicine

### 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 employee sustained an industrial injury. He was being treated for lumbar spine complaints. His prior treatment included physical therapy, TENS, medications and he was not working. The note from 11/07/14 was reviewed. Subjective complaints included pain across the low back preventing him from standing up for more than a few minutes. Objective findings included tenderness to palpation in lumbar spine, positive straight leg raising test and limited range of motion. Diagnoses included lumbar sacral spine radiculopathy, degenerative disc disease at L4-S1 and retrolisthesis L5 on S1. The plan of care included Zanaflex, discontinuing Flexeril, Surgical consult for lumbar spine, Norco 5/325 mg and Remeron 15mg. An MRI of the lumbosacral spine from 10/07/14 showed loss of intervertebral disc height and disc dessication changes were seen at L2 through the S1 levels with straightening of the normal lumbar spine lordosis, grade I posterolisthesis at the L2-L3 and L5-S1 levels. At L5-S1 level, 3.8 mm broad based disc protrusion is seen, flattening and abutting the anterior portion of the thecal sac with mild right greater than left lateral spine and neural foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical Consult:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306, Chronic Pain Treatment Guidelines Introduction Page(s): 1.

**Decision rationale:** The employee sustained an industrial injury. He was being treated for lumbar spine complaints. His prior treatment included physical therapy, TENS, medications and he was not working. The note from 11/07/14 was reviewed. Subjective complaints included pain across the low back preventing him from standing up for more than a few minutes. Objective findings included tenderness to palpation in lumbar spine, positive straight leg raising test and limited range of motion. Diagnoses included lumbar sacral spine radiculopathy, degenerative disc disease at L4-S1 and retrolisthesis L5 on S1. The plan of care included Zanaflex, discontinuing Flexeril, Surgical consult for lumbar spine, Norco 5/325 mg and Remeron 15mg. An MRI of the lumbosacral spine from 10/07/14 showed loss of intervertebral disc height and disc dessication changes were seen at L2 through the S1 levels with straightening of the normal lumbar spine lordosis, grade I posterolisthesis at the L2-L3 and L5-S1 levels. At L5-S1 level, 3.8 mm broad based disc protrusion is seen, flattening and abutting the anterior portion of the thecal sac with mild right greater than left lateral spine and neural foraminal stenosis. ACOEM guidelines indicate that a referral for surgical consultation is indicated for patients with severe and disabling lower leg symptoms with objective signs and progression of symptoms despite conservative management. MTUS Chronic Pain Medical Treatment guidelines indicate that a persistent complaint should lead a primary treating provider to reconsider the diagnosis and decide whether a specialist consultatoin is necessary. In this case, the employee had ongoing symptoms of low back pain. He had multiple sessions of physical therapy. Despite the above care, he continued to have low back pain. There is no documentation of significant radicular symptoms. He was being seen by an Orthopedic surgeon. He had MRI findings as above with disc dessication and DDD. Hence the request for followup Spine surgery is necessary and appropriate.

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 77-80.

**Decision rationale:** The employee sustained an industrial injury. He was being treated for lumbar spine complaints. His prior treatment included physical therapy, TENS, medications and he was not working. The note from 11/07/14 was reviewed. Subjective complaints included pain across the low back preventing him from standing up for more than a few minutes. Objective findings included tenderness to palpation in lumbar spine, positive straight leg raising test and limited range of motion. Diagnoses included lumbar sacral spine radiculopathy, degenerative disc disease at L4-S1 and retrolisthesis L5 on S1. The plan of care included Zanaflex, discontinuing Flexeril, Surgical consult for lumbar spine, Norco 5/325 mg and Remeron 15mg.

An MRI of the lumbosacral spine from 10/07/14 showed loss of intervertebral disc height and disc dessication changes were seen at L2 through the S1 levels with straightening of the normal lumbar spine lordosis, grade I posterolisthesis at the L2-L3 and L5-S1 levels. At L5-S1 level, 3.8 mm broad based disc protrusion is seen, flattening and abutting the anterior portion of the thecal sac with mild right greater than left lateral spine and neural foraminal stenosis. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain with Norco 5/325mg #60. There was no documentation of how the medication improved the pain level or functional status. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement, improvement of pain and lack of efforts to rule out unsafe usage, the criteria for continued use of Norco 5/325mg #60 have not been met.

**Zanaflex 2mg #120:** Overturned

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

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

**Decision rationale:** The employee sustained an industrial injury. He was being treated for lumbar spine complaints. His prior treatment included physical therapy, TENS, medications and he was not working. The note from 11/07/14 was reviewed. Subjective complaints included pain across the low back preventing him from standing up for more than a few minutes. Objective findings included tenderness to palpation in lumbar spine, positive straight leg raising test and limited range of motion. Diagnoses included lumbar sacral spine radiculopathy, degenerative disc disease at L4-S1 and retrolisthesis L5 on S1. The plan of care included Zanaflex, discontinuing Flexeril, Surgical consult for lumbar spine, Norco 5/325 mg and Remeron 15mg. An MRI of the lumbosacral spine from 10/07/14 showed loss of intervertebral disc height and disc dessication changes were seen at L2 through the S1 levels with straightening of the normal lumbar spine lordosis, grade I posterolisthesis at the L2-L3 and L5-S1 levels. At L5-S1 level, 3.8 mm broad based disc protrusion is seen, flattening and abutting the anterior portion of the thecal sac with mild right greater than left lateral spine and neural foraminal stenosis. According to MTUS, Chronic Pain guidelines, Zanaflex or Tizanidine is recommended tepidly for low back pain. LFTs rare suggested to be monitored 1, 3 and 6 months. The employee had low back pain and had failed conservative measures. The request for Zanaflex is medically necessary and appropriate.