

Case Number:	CM14-0212293		
Date Assigned:	01/02/2015	Date of Injury:	10/28/2009
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male with an injury date on 10/28/2008. Based on the 11/20/2014 postoperative spine follow-up progress report provided by the treating physician, the diagnoses are: 1. Status post left sacroiliac joint fusion (10/28/14) improving.2. Status post anterior posterior fusion of the lumbar spine at L4-L5 and L5-S1 (9/24/13, 9/25/13), improving.3. Neuropathic pain in the left leg.4. L3-L4 adjacent disc pathology.5. Depression.6. Insomnia. According to this report, the patient complains of "left hip and back pain, improving; residual low back pain; and left leg pain, like neuropathic." The patient is "status post left sacroiliac joint fusion performed by me on 10/28/14"and pain is improving. "The pain level was about 10/10 before the surgery. Currently, it is down to about 7/10. This is a significant improvement." The patient presents with a slight antalgic gait. Pain to palpation is noted over the lumbar spine and the left sacroiliac Joint area. Range of motion is decreased by 60%. The 10/10/2014 indicates the patient complains of constant achy low back pain that is a 5/10 associated with radicular symptoms of numbness, tingling, and pain down the L5 dermatome. Straight leg raise and slump are positive in the left lower extremities, S1 dermatome. Based on the treating physician, MRI of the thoracic and lumbar on 03/27/2013 demonstrates: 1. Disc protrusions and moderate foraminal stenosis at L3-L4, L4-L5 and L5-S1.2. Mild discogenic desiccation is noted at L4-L5 and L3-L4.3. Grade I spondylolisthesis is noted at L5-S1.4. Facet arthropathy is also noted at the L4-L5 and L5-S1 levels.5. Several discogenic changes in the mid to upper thoracic spine with mild protrusions causing mild-to-moderate stenosis. Treatment to date includes "exhausted all conservative care for several years" including

medications, physical therapy, and modification of activities, multiple injection which was helpful, Anti-inflammatory medications, Discogram of the lumbar spine, L4-5 and L5-S1 anterior and posterior fusion, and left sacroiliac joint fusion. The treatment plan is request for an updated x-rays to check for fusion progress, refill medications, and return for a follow up in six weeks. The patient's work status is "unable to work until further evaluation." The utilization review denied the request for (1) Tizanidine #60 units with 3 refills, (2)Lunesta #30 with 3refills, and (3)Tramadol 50mg #120 with 3 refills on 12/03/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/07/2014 to 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 units, three (3) refills.: Upheld

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

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

Decision rationale: According to the 11/20/2014 report, this patient presents with "left hip and back pain, improving; residual low back pain; and left leg pain, like neuropathic." The current request is for Tizanidine 4mg #60 units, three (3) refills. Tizanidine a muscle relaxant was first noted in this report. The MTUS guidelines page 66, "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." However, the MTUS guidelines for muscle relaxers only allow a short course of treatment (2-3 weeks) for acute muscle spasms. The documentation provided indicates that this prescription is for long term use and that is not supported by MTUS. The current request IS NOT medically necessary.

Lunesta 2mg #30 units, three (3) refills.: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain chapter: Insomnia.

Decision rationale: According to the 11/20/2014 report, this patient presents with "left hip and back pain, improving; residual low back pain; and left leg pain, like neuropathic." The current request is for Lunesta 2mg #30 units, three (3) refills. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Under Stress chapter, it states "Not recommended for long-term use, but recommended for short-term use."

Review of the provided reports, Lunesta was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. The treating physician is requesting Lunesta #30 units with 3 refills and this medication is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the current request IS NOT medically necessary.

Tramadol 50mg #120 units, three (3) refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60,61;76-78;88-89.

Decision rationale: According to the 11/20/2014 report, this patient presents with "left hip and back pain, improving; residual low back pain; and left leg pain, like neuropathic." The current request is for Tramadol 50mg #120 units, three (3) refills. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the medical reports provided, the treating physician indicates that Tramadol "side effects were discussed. This is helpful in reducing his pain." In this case, the reports show documentation of pain assessment ranging from 10/10 to 5/10. However, the treating physician does not discuss the patient's ADL's and no outcome measures were discussed as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. Aberrant drug seeking behavior was not mentioned. The treating physician has failed to properly document the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) as required by MTUS. This request IS NOT medically necessary.