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| Case Number: | CM14-0051023 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 10/26/2011 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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. The expert reviewer is Board Certified in Family 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:

This is a 59-year old male who sustained an injury on 10/26/2011. The current diagnoses include right sided low back pain, groin and right leg pain. Per the doctor's note dated 10/31/2014, he had complaints of low back and right hip pain at 8/10 without medications and at 3/10 with medications. Physical examination revealed tenderness to lumbar paraspinal muscles with positive right leg lift and extreme tenderness with passive range of motion of the right hip. Per the doctor's note dated 2/11/14, patient had tenderness in the groin and physical examination revealed palpable tenderness and bulge in the groin. The medications list include Norco, ibuprofen, Zanaflex and Neurontin. He has had MRI from November 2011 which revealed small protruding disk at L4-L5, mild spinal stenosis from L3 to L5, multilevel spondylosis with foraminal stenosis left at L5-S1 and right at L4-L5; MRI of his lumbar spine dated 04/11/2013 which revealed multilevel degenerative disk changes, a significant foraminal stenosis on the right side at L4-L5, quite a bit of arthritic changes in the lumbar facet joints more so on the left side at L5-S1, a right lateral disk at L3-L4; X-ray of right hip dated 05/29/2012 with no fracture, hip joint spaces are well maintained; MRI of the right hip dated 04/11/2013 which revealed early osteoarthritic changes; MRI of the pelvis without contrast on 05/29/2012 with impression of bilateral hip degenerative disease with acetabula subcortical cyst formation, L5-S1 disk and facet degeneration. Otherwise, negative pelvis. He has had urine drug screen report on 7/7/14 which was inconsistent for ethyl alcohol; report dated 10/1/14 which was positive for hydrocodone, hydromorphone and norhydrocodone. He has had 12 sessions of cognitive behavior psychotherapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound right groin: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hernia Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Hernia (updated 12/03/14) Imaging

Decision rationale: ACOEM/CA MTUS does not address this request. Therefore ODG used. Per ODG guidelines cited below, "Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. In experienced hands US is currently the imaging modality of choice when necessary for groin hernias and abdominal wall hernias. Postoperative complications may also be evaluated. Per the doctor's note dated 2/11/14, patient had tenderness in the groin and physical examination revealed palpable tenderness and bulge in the groin. The cited guidelines recommend Ultrasound (US) for accurately diagnosing groin hernias and this justifies its use in assessment of hernias. Per the records provided, Ultrasound was recommended to diagnose/rule out a groin (inguinal) hernia. The request for Ultrasound right groin is medically necessary.

Zanaflex 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

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 (conducted only in females) 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. The patient has chronic low back and right hip pain. Tizanidine is recommended for chronic myofascial pain. The request for Zanaflex 4mg #60 is medically necessary.

Percocet 10/325mg QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioid hyperalgesia Page(s): 83, 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-80.

Decision rationale: This is a request for Percocet, which is an opioid analgesic. It contains acetaminophen and Oxycontin. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The response to non-opioid analgesic for this patient is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for the ongoing use of opioids analgesics. The Percocet 10/325mg QID is not medically necessary.