

Case Number:	CM15-0110427		
Date Assigned:	06/23/2015	Date of Injury:	09/19/2013
Decision Date:	09/15/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 injured worker is a 50 year old female, who sustained an industrial injury on 09/19/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar spinal stenosis non-neurogenic, lumbosacral spine spondylosis, herniated nucleus pulposus, and unspecified thoracic/lumbar neuritis/radiculitis. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, use of heat and ice, and physical therapy. In a progress note dated 05/05/2015 the treating physician reports complaints of intermittent, sharp, throbbing pain to the low back that radiates to the right leg with associated symptoms of spasms, insomnia, and constipation. Examination reveals tenderness to the bilateral lumbar facet joints from lumbar three to five and pain with facet loading maneuvers. The injured worker's current medication regimen included Norco, Tizanidine, Celebrex, Neurontin, Omeprazole, and Docusate Sodium. The injured worker's pain level is noted to be a 7 at its least and a 9 at its worse and indicates that the injured worker's medication regimen improves her condition, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of injured worker's medication regimen. The treating physician also noted that use of the medication Neurontin provided relief, but she would like an increase in the dose. The use of the medication Tizanidine assisted with her spasms and insomnia, and the use of Norco is causing constipation. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of current use of her medication regimen. The treating physician noted previous

magnetic resonance imaging of the lumbar spine without contrast performed on 05/09/2014 that was revealing for lumbar five to sacral one mild disc bulge and facet hypertrophic changes and lumbar four to lumbar five disc bulge, facet hypertrophic changes, and mild central canal and bilateral neuroforaminal narrowing. The treating physician requested the medications Tizanidine 4mg with a quantity of 60, Celebrex 200mg with a quantity of 30, and Omeprazole 100mg with a quantity of 20 noting current use of these medications as noted above. The treating physician requested a medial branch block at lumbar three, lumbar four, and lumbar five under fluoroscopic guidance with the treating physician noting her axial spine pain as indicated with the magnetic resonance imaging findings that were remarkable for facet hypertrophic changes and physical examination findings of facet joint tenderness and pain with axial loading. The treating physician also requested a single positional magnetic resonance imaging of the lumbar spine without contrast, but the documentation provided did not indicate the specific reason for the requested study.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for 60 Tizanidine 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 50 year old female with an injury on 09/19/2013. She had low back pain and had a lumbar MRI on 05/09/2014. On 05/05/2015, she had intermittent low back pain that radiated to her right leg. Neurontin provided relief. She had muscle spasm. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

1 prescription for 30 Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 50 year old female with an injury on 09/19/2013. She had low back pain and had a lumbar MRI on 05/09/2014. On 05/05/2015, she had intermittent low back pain that radiated to her right leg. Neurontin provided relief. She had muscle spasm. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also,

NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long-term use of NSAIDS is not recommended and the requested medication is not medically necessary.

1 prescription for 20 Omeprazole 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 50 year old female with an injury on 09/19/2013. She had low back pain and had a lumbar MRI on 05/09/2014. On 05/05/2015, she had intermittent low back pain that radiated to her right leg. Neurontin provided relief. She had muscle spasm. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.

1 single positional MRI for the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 50 year old female with an injury on 09/19/2013. She had low back pain and had a lumbar MRI on 05/09/2014. On 05/05/2015, she had intermittent low back pain that radiated to her right leg. Neurontin provided relief. She had muscle spasm. There was no documentation of a recent injury with red flag signs. She had at least one previous MRI since her injury. There is no documentation that she is a candidate for surgery. The requested repeat lumbar MRI is not consistent with MTUS, ACOEM, Chapter 12 guidelines. Therefore, the request is not medically necessary.

1 MBB bilateral L3, L4, L5 under fluoroscopic guidance: 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), Low Back (Lumbar & Thoracic) (Acute & Chronic) Facet joint diagnostic blocks (injections) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, medial branch blocks.

Decision rationale: The patient is a 50 year old female with an injury on 09/19/2013. She had low back pain and had a lumbar MRI on 05/09/2014. On 05/05/2015, she had intermittent low back pain that radiated to her right leg. Neurontin provided relief. She had muscle spasm. Medial branch blocks are not recommended as treatment in ODG. ODG does note that at times MBB are used for diagnosis. Bilateral medial branch blocks are not medically necessary for this patient.