

Case Number:	CM15-0121476		
Date Assigned:	07/08/2015	Date of Injury:	02/11/2006
Decision Date:	09/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: Emergency 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 injured worker is a 46 year old male, who sustained an industrial injury on February 11, 2006. He reported injuries of the right shoulder and the cervical, thoracic, and lumbar regions. The injured worker was diagnosed as having failed back syndrome. Diagnostic studies to date have included MRIs, electrodiagnostic studies, and a sleep study. On August 9, 2011, a sleep study revealed obstructive sleep apnea/hypopnea, moderate. On January 28, 2015, an MRI of the lumbar spine revealed straightening of the lumbar spine that may be positional or due to spasm, degenerative disk and facet disease, and post-surgical changes at the lumbar 4-lumbar 5 level. There was a 6-7mm broad-based central, left paracentral, and lateral disk protrusion/extrusion superimposed on 2mm of diffuse broad-based disk bulging along with mild hypertrophic changes of the facet at the lumbar 3-lumbar 4 level, causing mild right and moderate to severe left lateral recess stenosis. Disk material comes into contact and displaces the left lumbar 4 nerve root. There is mild narrowing of the inferior recess of the left neural foramen. There was a 3-4mm broad-based right paracentral and right lateral disk protrusion along with mild hypertrophic changes of the right facet joint and mild right ligamentum flavum redundancy at the lumbar 4-lumbar 5 level, causing mild right lateral recess and mild to moderate right neural foraminal stenosis. There was a 2-3mm of asymmetric broad-based disk bulging, with prominence to the left at the lumbar 5-sacral 1 level, causing mild neural foraminal stenosis. On March 28, 2015, electrodiagnostic studies of the bilateral lower extremities revealed lumbar radiculopathy versus peripheral nerve compression. Surgeries: lumbar spine surgery in 2009, septoplasty times three, and uvulectomy and trimming of the palate. Treatment to date has included psychotherapy for

depression, physical therapy with transcutaneous electrical nerve stimulation (TENS), lumbar epidural steroid injections, heat/cold, and medications including short-acting and long-acting opioid analgesic, muscle relaxant, antidepressant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of major depressive disorder, recurrent anxiety, sleep apnea, hypertension, borderline kidney disease, and irregular heartbeat. Work status: per the primary treating physician. On May 15, 2015, the injured worker complains of intermittent stabbing pain and burning back pain radiating into both legs since 2006. Snoring and gasping at night and a positive obstructive sleep apnea screen was noted in the review of systems. The physical exam revealed intact sensation to light touch of the bilateral lower extremities, an antalgic gait, use of a cane in the left hand, limited lumbar flexion and extension to 5 degrees each way, tenderness to palpation along the lumbar 3, lumbar 4, and lumbar 5 process with radiation down the bilateral legs, and tenderness to palpation of the bilateral lumbar paraspinal musculature at the lumbar 3, lumbar 4, and lumbar 5. The treatment plan includes Tizanidine for spasms, a reading reference: "The Pain Survival Guide", a pulmonary referral for assessment for obstructive sleep apnea, and a transcutaneous electrical nerve stimulation (TENS) unit. Requested treatments include: Tizanidine, a reading reference: "The Pain Survival Guide", a pulmonary referral, pain management referral, and a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) Page(s): 63; 66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." No additional benefit has been shown in combination with NSAIDs. Per the ACOEM (American College of Occupational and Environmental Medicine) guidelines muscle relaxants are recommended for short-term use for acute spasms. The muscle relaxant Tizanidine is used for management of spasticity and low back pain. Tizanidine is to be used with caution in renal impairment. There is a lack of objective evidence of acute muscle spasms. There was lack of documentation of acute exacerbation of the injured worker's chronic back pain. The request does not include dosing or frequency. Therefore, the request for Tizanidine is not medically necessary.

Reading references: Dennis Turk, titled "The Pain Survival Guide": Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Chronic pain programs.

Decision rationale: CA MTUS is silent on this topic. The above ODG reference discusses multi and interdisciplinary pain programs. It further states, "Components suggested for interdisciplinary care include the following services delivered in an integrated fashion: (a) physical treatment; (b) medical care and supervision; (c) psychological and behavioral care; (d) psychosocial care; (e) vocational rehabilitation and training; and (f) education." Records demonstrate the IW has been involved with many components of this interdisciplinary care. The addition of the requested "The pain survival guide" would serve as an educational tool to assist the IW in their care plan. As such, the request is consistent with the guidelines and is determined medically necessary.

Pain management follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain: office visits.

Decision rationale: CA MTUS is silent on this topic. ODG recommend outpatient visits to be recommended but states it should be individualized to patients based on their medical needs. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established." The submitted documentation states the chronic opiate medications are prescribed by the primary care provider. A pain management evaluation is not included. It is unclear why this is a request for a follow-up appointment. Without a clear understanding of the IW needs, the request for a pain management follow-up is not medically necessary.

Pulmonary referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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 pain: office visit.

Decision rationale: Ca MTUS is silent on this issue. The above cited guideline states "office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The submitted

documentation does not include patient discussion in the subsection component of the visit of the signs, symptoms, or differential diagnosis to support the request for a pulmonary consultation. The provider reports snoring and concern for sleep apnea, but there is no report from the IW of these concerns. On the date of the request, the provider documented. The request for a pulmonary consultation is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS Page(s): 114; 116.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, transcutaneous electrical nerve stimulation (TENS) is recommended when there is evidence of pain of at least three months duration, trial and failure of other appropriate pain modalities (including medication), and a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes documentation of how often the unit was used, and pain relief and function outcomes; rental would be preferred over purchase during this trial. In addition, documentation should include evidence of medication usage, a treatment plan with the specific short- and long-term goals of treatment with the TENS unit, and a two lead is generally recommended. Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, transcutaneous electrical nerve stimulation (TENS) is recommended for the treatment of chronic intractable pain for the following conditions diabetic neuropathy and post-herpetic neuralgia, phantom limb pain, complex regional pain syndrome I and II, spasticity in spinal cord injury, and multiple sclerosis pain and muscle spasm. There is lack of evidence that the injured worker is diagnosed with any of the conditions approved for transcutaneous electrical nerve stimulation treatment. There is a lack of documentation of a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes documentation of how often the unit was used, and pain relief and function outcomes. Therefore, the request for TENS (transcutaneous electrical nerve stimulation) is not medically necessary.