

Case Number:	CM13-0005150		
Date Assigned:	12/04/2013	Date of Injury:	03/16/2010
Decision Date:	01/15/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

The applicant is represented [REDACTED], [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 16, 2010. In a utilization review report of July 22, 2013, the claims administrator apparently denied a request for tizanidine and Norco. The applicant's attorney later appealed. Cervical epidural steroid injections were also incidentally denied. No clinical progress notes were attached to the request for authorization or application for independent medical review. The claims administrator stated that there was no evidence that the applicant had demonstrated functional improvement following completion of a prior C4-C5 cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #45: Upheld

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

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

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine is FDA approved in the treatment of spasticity and tepidly endorsed for off

label usage and management of low back pain. In this case, however, no clinical progress notes were attached to the request for authorization so as to try and make a case for ongoing usage of tizanidine. The applicant's work status and functional status are unknown. It is not clearly stated how the applicant previously responded to tizanidine. The applicant's attorney did not furnish any of this information along with the application for independent medical review. The claims administrator did not furnish any recent progress notes. Therefore, the request remains non-certified owing to the lack of supporting information.

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, however, as noted previously, no clinical progress notes were attached. The applicant's work and functional status are unknown. Neither the claims administrator nor the applicant's attorney has furnished any of the requisite information. There is likewise no evidence of improved performance of activities of daily living or diminished reliance on medical treatment. Accordingly, the request is non-certified owing to the lack of supporting documentation.