

Case Number:	CM13-0009933		
Date Assigned:	09/24/2013	Date of Injury:	07/12/2008
Decision Date:	01/17/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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. The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

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 50-year-old male who reported an injury on 07/12/2008. The patient's symptoms consist of lumbar spine pain which radiates down the back of his legs and across the lumbar spine side to side, as well as radiating into the inguinal area, bilaterally, with numbness and tingling. The patient's diagnoses are listed as lumbar spine spinal stenosis, degenerative disc disease of the lumbar spine, and a compression fracture at T12. The patient's medications are noted to include Norco 5/325 mg twice a day as needed for breakthrough pain, tramadol 50 mg 1 twice a day for baseline pain, and tizanidine 4 mg twice a day as needed for muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 with 1 refill: 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 Opioids Page(s): 78.

Decision rationale: The patient's medications were noted to include Norco 5/325 twice a day as needed. California MTUS Guidelines state that, for patients taking opioid medications, ongoing management should include detailed documentation of the patient's level of pain, their functional status, appropriate medication use, and side effects. It also states that the 4 A's for ongoing

monitoring should be documented. These include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. It states that the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical information submitted for review, including recent office notes, fails to provide detailed documentation of the 4 A's as required by California Guidelines. Therefore, the request is non-certified.

Tramadol 50mg #60 with 1 refill: 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 Opioids Page(s): 78.

Decision rationale: The patient's medications were noted to include Tramadol 50mg twice a day as needed. California MTUS Guidelines state that, for patients taking opioid medications, ongoing management should include detailed documentation of the patient's level of pain, their functional status, appropriate medication use, and side effects. It also states that the 4 A's for ongoing monitoring should be documented. These include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. It states that the monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical information submitted for review, including recent office notes, fails to provide detailed documentation of the 4 A's as required by California Guidelines. Therefore, the request is non-certified.

Tizanidine 4mg #60 with 1 refill: 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): 66.

Decision rationale: California MTUS Guidelines state that Zanaflex is FDA approved for the management of spasticity, as well as used frequently for unlabeled use for low back pain. It states that 8 studies have demonstrated efficacy for low back pain, and 1 study demonstrated a significant decrease in pain associated with chronic myofascial pain. The authors of that study recommend its use as a first line option to treat myofascial pain. Although the patient was shown to have symptoms related to back pain and muscle spasm, the clinical information submitted did not detail the efficacy and objective improvement with this medication to support continuation. As such, the request for Tizanidine 4mg #60 with 1 refill is non-certified.