

Case Number:	CM13-0025992		
Date Assigned:	11/22/2013	Date of Injury:	03/16/2000
Decision Date:	07/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 46-year-old gentleman who was reportedly injured on March 16, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated October 9, 2013, indicates that there are ongoing complaints of low back pain and bilateral knee pain. Current medications include Norco, Tramadol, ranitidine and gabapentin, which are all stated to be helpful. The physical examination demonstrated tenderness and spasm of the paralumbar musculature. There was decreased range of motion of the lumbar spine. A left thigh quadriceps atrophy was noted. Examination of the knees noted tenderness at the medial and lateral joint lines and there was an antalgic gait. An injection of vitamin B-12 and Toradol was given. The injured employee was stated to be appending Synvisc injections to the bilateral knees and a prescription for tizanidine was written. A request had been made for extracorporeal shock wave therapy for the knees, tizanidine, and Norco and was not certified in the pre-authorization process on August 27, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) trial of extracorporeal shockwave therapy for the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and leg, Extracorporeal shock wave therapy, Updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of extracorporeal shock wave therapy is under study for patellar tendinopathy and long bone hypertrophic non-unions. According to the most recent progress note dated October 9, 2013, there is a diagnosis of right knee tendinosis, although this is not specified as in the patellar region. For these reasons, this request for extracorporeal shock wave therapy is not medically necessary.

One (1) prescription of Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants (for pain).

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

Decision rationale: The Chronic Pain Guidelines indicate that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. The guidelines also state that muscle relaxants are only indicated as 2nd line options for short-term treatment. With a prescription with 420 tablets, it appears that this medication is being used on a chronic basis, which is against the guideline recommendations. Therefore, this request for tizanidine is not medically necessary.

One (1) prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The Chronic Pain Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.