

Case Number:	CM13-0032694		
Date Assigned:	12/11/2013	Date of Injury:	08/23/2012
Decision Date:	02/10/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 patient is a 40-year-old male who reported an injury on 08/23/2012. The patient was noted to be pushing and pulling racks that were full and weighed at least over 800 pounds per documentation. It was noted that with the patient's pain medications and physical therapy the patient's pain was better. The patient was noted to have pain and numbness, pins and needles, and weakness in the lower extremities. The patient's pain was noted to be located in the low back and radiating down both legs. The patient's diagnoses were noted to include thoracic or lumbosacral neuritis or radiculitis not otherwise specified and lumbar disc displacement without myelopathy. The request was made for refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): s 66-70.

Decision rationale: The Chronic Pain Guidelines indicate that Naproxen is a non-steroidal anti-inflammatory drug (NSAID), for the relief of the signs and symptoms of osteoarthritis and they

recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication.

Tizanidine 4mg by mouth, at bedtime #15: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that tizanidine is approved for the management of spasticity and has an unlabeled use for low back pain. The clinical documentation submitted for review failed to provide the efficacy of the requested medication and the rationale for the use of the medication was not provided.

Ultracet 325/37.5mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for osteoarthritis Page(s): 83.

Decision rationale: The Chronic Pain Guidelines indicate that weak opioids (like Ultracet) should be considered at the start of treatment with opioids, for patients with chronic pain. There should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's to support ongoing usage of the medication and it failed to provide documentation of the rationale for the use of the medication.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

Decision rationale: The Chronic Pain Guidelines recommend short acting opioids, such as Norco for controlling chronic pain. For on-going management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide

documentation of the 4 A's. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations.