

Case Number:	CM13-0032841		
Date Assigned:	12/06/2013	Date of Injury:	09/28/1998
Decision Date:	01/21/2014	UR Denial Date:	09/23/2013
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 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 patient is a 65 year old female who reported injury on 09/28/1998. The mechanism of injury was not provided. The patient was noted to have an acute flare up of the low back pain. The patient was noted to have tenderness in the lumbar musculature as well as palpable muscle spasms. The patient was noted to have decreased range of motion. The diagnoses were noted to include lumbar disc syndrome, myofascial pain syndrome, and carpal tunnel syndrome bilaterally. The request was made for Norco 5/325 mg, tizanidine, gabapentin, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: The MTUS guidelines indicate that Gabapentin is recommended for neuropathic pain. The clinical documentation submitted for review indicated that the patient's medications were helping with her pain. However, clinical documentation submitted for review

failed to provide the efficacy of the specific requested medication. Additionally, per the request, there was an unstated quantity of medication being requested. Given the above, the request for gabapentin 300 mg is not medically necessary.

Tizanidine 2 mg: Upheld

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

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

Decision rationale: The MTUS guidelines recommend Tizanidine as a non-sedating muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low blood pressure. The clinical documentation submitted for review indicated the patient had a prescription of tizanidine on 06/12/2013. Clinical documentation failed to provide the patient had tried a first line option for short-term treatment of acute exacerbations of chronic pain. Additionally, there was a lack of a written quantity for the requested medication. The patient was noted to have tenderness in the lumbar musculature as well as palpable muscle spasms. However the patient was noted to have received this medication on multiple visits. Given the above and the lack of documentation of failure of a first line medication and the lack of indication for use of the medication past the acute stage of exacerbation, the request for tizanidine 2 mg is not medically necessary.

Norco 5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78.

Decision rationale: The MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain and for ongoing 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 indicated that the medication allowed for improved activities of daily living. However, clinical documentation submitted for review failed to provide the patient's analgesia, adverse side effects and if the patient had aberrant drug taking behaviors. Additionally, it failed to provide the quantity of Norco being requested.

Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The MTUS guidelines recommend physical therapy for patients with myalgia and myositis for 9-10 visits and for neuralgia, neuritis, and radiculitis, for 8-10 visits with a transition into a home exercise program. The clinical documentation submitted for review indicated that the patient started physical therapy. However, it failed to provide documentation of the functional benefit and failed to provide remaining functional deficits to support ongoing treatment with physical therapy. It failed to provide the number of sessions the patient had participated in and it failed to provide the body part physical therapy was being requested for. Additionally, the patient's injury was in 1998 and the patient should be well versed in a home exercise program. Given the above, the request is not certified.