

Case Number:	CM13-0057829		
Date Assigned:	12/30/2013	Date of Injury:	05/27/1997
Decision Date:	05/02/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 27, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar laminectomy; elbow surgery; unspecified amounts of physical therapy and manipulative therapy; epidural steroid injection therapy; and a spinal cord stimulator implantation. In a Utilization Review Report of November 18, 2013, the claims administrator partially certified a request for Tizanidine, denied request for Norco, and partially certified a request for morphine sulfate. Tizanidine was apparently partially certified for shortterm purposes. Morphine and Norco were apparently partially certified on the grounds that the applicant's overall consumption of opioids was in excess of guideline recommendations. The applicant's attorney subsequently appealed. A clinical progress note of May 3, 2013 is notable for comments that the applicant is using a spinal cord stimulator, is pending another epidural steroid injection, and is having difficulty in terms of performance of activities of daily living owing to pain. The applicant is described as a "medically disabled person." The applicant is on morphine, Valium, Soma, Tizanidine, and Ambien. The applicant states that her pain scores dropped from 10/10 without medications, to 2/10 with medications. The applicant states that she is able to remain functional as a result of ongoing medication usage, it is seemingly stated. On May 31, 2013, it is again stated that the applicant has limitations in terms of activities of daily living secondary to pain. Other sections of report state that the applicant is being kept functional as a result of medication consumption. The applicant is once again described as medically disabled. The applicant is asked to continue with the spinal cord stimulator. The commentary Final Determination Letter for IMR Case Number CM13-0057829 3 regarding the applicant's pain scores and activities of daily living appears to be highly templated and seemingly

unchanged from visit to visit. A November 4, 2013 progress note is notable for comments that the applicant is still having difficulty with activities of daily living, including standing, walking, and balancing. She is pending another epidural steroid injection. It is again stated that the applicant is reporting appropriate analgia through usage of pain medications. The applicant is once again described as a medically disabled person. Diminished lower extremity strength is noted. Multiple medications are renewed. The applicant is asked to consult a psychiatrist and pursue further epidural steroid injections. An updated CT scan is apparently sought. The applicant is asked to consult a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE HCL 4 MG #120 WITH THREE (3) REFILLS: Upheld

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

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

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Tizanidine, an antispasticity drug, is FDA approved in the management of spasticity but can be employed for off-label purposes in the treatment of low back pain, as is present here, in this case, however, the applicant has seemingly used Tizanidine chronically and has failed to achieve the requisite functional improvement through prior usage of the same. The applicant has failed to return to work. The applicant is consistently described as medically disabled. While there are some templated progress notes which suggest that the applicant is reporting pain relief and improved performance of activities of daily living as a result of ongoing medication usage, these are seemingly outweighed by the applicant's failure to return to work and comments of the attending provide that the applicant is consulting other providers in other specialties, including a psychiatrist, is considering epidural steroid injection therapy, is pending a repeat CT scan, etc. All of the above, taken together, imply that prior usage of Tizanidine has been unsuccessful and suggest lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request for Tizanidine is not certified, on Independent Medical Review.

NORCO 10/325 MG #180 WITH THREE (3) REFILLS: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid such as Norco is evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of

ongoing opioid therapy. In this case, these criteria have not clearly been met. While the attending provider is reporting some subjective decrementing pain scores as a result of ongoing medication usage, these comments are highly templated and are unchanged from visit to visit. They are seemingly outweighed by the applicant's failure to return to any form of work, heightened pain complaints, reported difficulty performing activities of daily living, an apparent intent on pursuing repeat epidural steroid injections, an updated CT scan, spinal cord stimulator, etc. All of the above, taken together, imply that ongoing opioid therapy has been ineffectual. Therefore, the request is not certified, on Independent Medical Review.

MORPHINE SULFATE 30 MG #240: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioids such as morphine is evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant has failed to return to work. The applicant is consistently described as a medically disabled individual. There is no clear evidence of improved performance of activities of daily living. The attending provider's comments of appropriate analgesia effected as a result of ongoing morphine usage appear to be highly templated, are unchanged from visit to visit, and are outweighed by the applicant's failure to return to work and reported heightened pain complaints on multiple office visits referenced above. Therefore, the request is not certified, on Independent Medical Review.