

Case Number:	CM13-0066494		
Date Assigned:	01/03/2014	Date of Injury:	04/17/2001
Decision Date:	05/22/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Preventive 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:

According to the records made available for review, this is a 53-year-old female with a 4/17/01 date of injury. At the time (11/27/13) of request for authorization for one prescription of Hydrocodone/Acetaminophen 10/325mg #120 with one refill and one prescription of Tizanidine HCL 2mg #60 with one refill, there is documentation of subjective (chronic low back pain with radiating bilateral lower extremity and left hip pain) and objective (tenderness to palpation over the lumbar spine and painful range of motion) findings, current diagnoses (lumbar radiculopathy, lumbar facet arthropathy, and chronic pain), and treatment to date (medications (including Tizanidine since at least March of 2012 and Hydrocodone/Acetaminophen)). 12/19/13 medical report identifies that the patient has signed and complied with an opioid pain treatment agreement; that opiate medication has been effective in maintenance of function; and that Tizanidine is requested for occasional use to treat acute episodes of muscle spasms associated with patient's chronic pain. Regarding one prescription of Hydrocodone/Acetaminophen 10/325mg #120 with one refill, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Acetaminophen use to date. Regarding one prescription of Tizanidine HCL 2mg #60 with one refill, there is no documentation of the intention to treat over a short course (less than two weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF HYDROCODONE /ACETAMINOPHEN 10/325MG #120 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. In addition, there is documentation of ongoing treatment with Hydrocodone/Acetaminophen. Furthermore, there is documentation that the patient has signed and complied with an opioid pain treatment agreement and that opiate medication has been effective in maintenance of function. However, despite documentation that opiate medication has been effective in maintenance of function, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/Acetaminophen use to date. Therefore, based on guidelines and a review of the evidence, the request for one prescription of Hydrocodone/Acetaminophen 10/325mg #120 with one refill is not medically necessary.

ONE PRESCRIPTION OF TIZANIDINE HCL 2MG #60 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain); California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of

lumbar radiculopathy, lumbar facet arthropathy, and chronic pain. In addition, there is documentation that Tizanidine is requested for occasional use to treat acute episodes of muscle spasms associated with patient's chronic pain. However, given documentation of ongoing treatment with Tizanidine since at least March of 2012, there is no documentation of the intention to treat over a short course (less than two weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Therefore, based on guidelines and a review of the evidence, the request for one prescription of Tizanidine HCL 2mg #60 with one refill is not medically necessary.