

Case Number:	CM14-0008250		
Date Assigned:	02/12/2014	Date of Injury:	09/04/2000
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/22/2014

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 Texas. 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 45 year old female who sustained injuries to her low back on 09/04/00. The mechanism of injury was not described. The most recent clinical notes indicate the injured had low back pain radiating down her legs. She was recently reported having pain in the right shoulder and neck radiating to the bilateral shoulders. The pain is reported as 8/10 aggravated by activity. The report noted prescriptions for Tizanidine 4mg, Norco 10 325mg, and Lidoderm Patch 5%. Per physical examination dated 01/06/14 there was tenderness to palpation over the lumbar paraspinal muscles and right illiotibial band (over the hip). There were trigger points palpated in the upper, mid, and lower trapezius. Lumbar range of motion was reduced. Motor strength was 4/5 in the left hip, left knee extension, right knee extension left plantarflexion, and right ankle plantarflexion. Left knee flexion, right knee flexion, left ankle dorsiflexion, and right ankle dorsiflexion were 3/5. There were paresthesias to light touch in the right lateral leg. Achilles reflexes could not be elicited bilaterally. The injured had diagnosis of lumbar strain, sciatica, and myofascial pain. Utilization review determination dated 12/20/13 non-certified the request for Norco 10 325mg #180 with two refills quantity 150 and Tizanidine 4mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG. #180 WITH 2 REFILLS, QTY:150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-82

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

Decision rationale: The submitted clinical records indicate the injured worker is a 45 year old female with chronic myofascial pain and low back pain. The records do not provide any substantive data that the injured worker receives benefit from Norco 10 325. Most recent examination in 01/14 notes the Visual Analogue Scale (VAS) score was 8/10 while on this medication. Additionally the record does not establish the presence of functional improvements as a result of the use of this medication and as such the patient would not meet criteria per California Medical Treatment Utilization Schedule (CAMTUS) for continued use. The request for Norco 10/325 mg #180 with two refills is not supported as medically necessary.

TIZANDINE 4 MG. # 60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTISPASTICITY /ANTISPASMODIC DRUGS, 66

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not support the chronic use of muscle relaxants in the treatment of myofascial pain and as such, the injured would not meet criteria per CAMTUS The submitted clinical records indicate the injured has a history of chronic low back pain and myofascial pain. Records indicate the injured worker has areas of myofascial tenderness and there are reported trigger points. Records do not suggest the injured worker is receiving benefit from this medication given the reports on physical examination. . The request for Tizanidine 4 mg # 60 with two refills is not supported as medically necessary.