

Case Number:	CM14-0011091		
Date Assigned:	02/21/2014	Date of Injury:	12/16/1990
Decision Date:	07/10/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Oklahoma and 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 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 injured worker is a 66-year-old male who reported an injury on 12/16/1990. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 01/27/2014, the injured worker complained of low back pain with numbness, tingling, weakness, and pain extending to the feet bilaterally. The injured worker reported increased pain and intensity with worsening numbness, tingling, weakness, and pain extending to the feet and legs bilaterally. The medication regimen prescribed was Norco, Soma, Xanax, naproxen, omeprazole, and Nizatidine. Upon physical exam, the provider noted deep tendon reflexes in the lower extremity are decreased, but equal. The provider noted the lumbar spine revealed tenderness to palpation at L5-S1. The injured worker presented with a positive straight leg raise bilaterally. The provider requested tizanidine, Xanax, Norco for pain, open MRI of the lumbar spine, and urine drug screen. However, a rationale was not provided for all of the requests. The request for authorization was submitted and dated on 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE HCL 4MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63,65.

Decision rationale: The request for tizanidine HCL 4 mg #90 is not medically necessary. The injured worker complained of low back pain with numbness, tingling, weakness, and pain extending to the feet bilaterally, as well as some intermittent numbness and pain radiating to the lower extremities. The injured worker reported increased pain intensity with worsening numbness, tingling, and weakness with pain extending into the feet and bilateral legs. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note tizanidine, a form of muscle relaxant, is not recommended to be used for longer than 2 to 3 weeks. The guidelines also note muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of some of medications in this class may lead to dependence. There is a lack of objective findings indicating the injured worker to have muscle spasms. The request submitted failed to provide the frequency of the medications. Additionally, the injured worker had been utilizing the medication since at least 06/2013 which exceeds the guideline's recommendation of short-term use of 2 to 3 weeks. Therefore, the request for tizanidine HCL 4 mg #90 is not medically necessary.

XANAX 2 MG #90 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 2 mg #90 with 3 refills is not medically necessary. The injured worker complained of low back pain with numbness, tingling, weakness, and pain extending to the feet bilaterally, as well as some intermittent numbness and pain radiating to the lower extremities. The injured worker reported increased pain intensity with worsening numbness, tingling, and weakness with pain extending into the feet and bilateral legs. The California MTUS Guidelines do not recommend Xanax for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines limit the use of Xanax to 4 weeks. The injured worker has been utilizing the medication for an extended period of time since at least 06/2013 which exceeds the guideline's recommendation for short-term use of 4 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request for Xanax 2 mg #90 with 3 refills is not medically necessary.

NORCO 7.5/325 MG # 120 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 7.5/325 mg #120 with 3 refills is not medically necessary. The injured worker complained of low back pain with numbness, tingling, weakness, and pain extending to the feet bilaterally, as well as some intermittent numbness and pain radiating to the lower extremities. The injured worker reported increased pain intensity with worsening numbness, tingling, and weakness with pain extending into the feet and bilateral legs. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication has been providing objective functional benefit and improvement. Additionally, the request failed to provide the frequency of the medication. Therefore, the request for Norco 7.5/325 mg #120 with 3 refills is not medically necessary.

OPEN MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an open MRI of the lumbar spine is not medically necessary. The injured worker complained of low back pain with numbness, tingling, weakness, and pain extending to the feet bilaterally, as well as some intermittent numbness and pain radiating to the lower extremities. The injured worker reported increased pain intensity with worsening numbness, tingling, and weakness with pain extending into the feet and bilateral legs. The California MTUS/American College of Occupational and Environmental Medicine indicates clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear however, further psychological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as a disc bulge that is not the source of painful symptoms and does not warrant surgery. Imaging studies should be reserved for cases when surgery is considered or red flag diagnoses are being evaluated. There is lack of documentation regarding the failure of conservative treatment. There is lack of documentation indicating red flag diagnoses or the intent to undergo surgery requiring an MRI. The medical necessity for imaging was not established. Therefore, the request for MRI of the lumbar spine is not medically necessary.

URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. The injured worker complained of low back pain with numbness, tingling, weakness, and pain extending to the feet bilaterally, as well as some intermittent numbness and pain radiating to the lower extremities. The injured worker reported increased pain intensity with worsening numbness, tingling, and weakness with pain extending into the feet and bilateral legs. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of the illegal drugs. It may also be used in conjunction with the therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behavior, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug-taking behaviors. The documentation submitted indicated the urine drug screen dated 01/30/2014 was negative. Therefore, the request for urine drug screen is not medically necessary.