MAXIMUS Federal Services

Case Number:	CM14-0012144		
Date Assigned:	02/21/2014	Date of Injury:	02/23/2006
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 patient is a 60 year old female injured worker with date of injury 2/23/06 with related low back and and right shoulder pain. Per 1/7/14 progress report, pain in the lower back radiated mainly to the lower left extremity and buttock area. Per physical examination she had paravertebral muscle spasm and tenderness in the lower lumbar region. Straight leg raising was positive bilaterally. She had decreased sensation to light touch over the L5 dermatomes bilaterally. Per 11/5/13 progress report, she gained very little relief with muscle relaxants for spasms in the back and had to go back to taking Norco twice a day or she was non-functional. She is status post lumbar spine surgery with fusion at L4-S1; status post revision lumbar spine surgery with bilateral foraminotomy at L4-L5, posterior lumbar spinal fusion at L4-L5 and L5-S1, and posterior decompression at L5-S1. MRI of the lumbar spine dated 9/2010 revealed a right L3-L4 disc extrusion with L3 nerve root impingement and a right L4-L5 bulge. She has been treated with physical therapy and medication management.The date of UR decision was 1/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per 2/25/14 progress report it was noted that the injured worker's pain levels had increased to the point that Norco was just not seeming to give her any relief so the Norco was discontinued, Oxycodone was used to give her more symptomatic relief and help her with her day to day activities. As the requested medication is no longer part of the treatment plan, the request is not medically necessary.

TIZANIDINE 4MG #60 WITH 1 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 Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: Per California MTUS p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Per 11/5/13 progress report, it was noted that she was getting very little relief with the muscle relaxers for the muscle spasm in her back and that she had to go back to taking two Norco a day or she was just nonfunctional. Per 2/25/14 progress report, it is noted that the injured worker now uses Robaxin for muscle spasm. As the requested medication was not efficacious and is no longer part of the treatment plan, and concurrent use with Robaxin would be duplicative, the request is not medically necessary.