MAXIMUS Federal Services

Case Number:	CM14-0015357		
Date Assigned:	02/28/2014	Date of Injury:	06/10/2011
Decision Date:	06/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 Neurological Surgery 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 injured worker is a 60-year-old male who was injured on June 10, 2011. It is unclear what the specific mechanism of injury is. Enhanced imaging studies noted multiple level disc protrusions throughout the cervical and lumbar spine. The physician progress note indicates the pain complaints are "same" and that there has not been any change in the overall clinical situation relative to the cervical or lumbar spine. It is noted that cervical epidural steroid injections were completed in December of 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #60: 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, 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, When to Continue Opioids p 80. Opioids for chronic pain.

Decision rationale: It is noted that this individual has a long history of neck and back complaints. Multiple cervical epidural steroid injections have been performed in an effort to address the pain. However, the progress notes indicate the injured worker is the same, and there

is no noted efficacy or utility with the ongoing use of narcotic medications as required by the Chronic Pain Medical Treatment Guidelines. In as much as that there is no signed opioid agreement, no urine drug screening, no indication of any improvement or ability to return to work, there is insufficient data presented to support the request for this medication.

ZANAFLEX 4MG #60: 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, MUSCLE RELAXANTS, 63

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Chronic Pain Medical Treatment Guidelines 8 C.C.R. ï¿½ï¿½9792.20 - 9792.26

Decision rationale: Tizanidine is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis which is against the guideline recommendations. Therefore, this medication is not indicated as medically necessary.

AMBIEN 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). pain chapter. updated June, 2014.

Decision rationale: This non-benzodiazepine medication is indicated for short-term relief of sleep issues. This is not to be used indefinitely or for chronic use. Therefore, while noting that the ODG (MTUS or ACOEM do not address) supports this medication in short term use, there is no clinical indication for indefinite, long-term or chronic use.