

Case Number:	CM14-0018675		
Date Assigned:	04/18/2014	Date of Injury:	09/04/2000
Decision Date:	07/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational 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 44 year old female who injured on 09/04/2000. The mechanism of injury is unknown. Prior treatment history has included Norco, biofreeze, Lidoderm, and Tizanidine. Diagnostic studies were not provided for review. A visit note dated 04/15/2014 documented the patient to have complaints of pain in the lower back radiating down to the legs. The patient describes the pain as sharp, severe, and stabbing in nature. She rates her pain an 8/10 and reports in the last week, it was 5/10 and on average it ranges 7/10. The pain occurs frequently lasting about 2/3 of the day. It is exacerbated by sitting, standing, walking, lifting, and driving. It is relieved by medication. Associated symptoms include numbness and tingling, weakness, locking, headaches, spasms and fatigue. Objective findings on exam reveal trigger point palpated in the upper trapezius, mid-trapezius, lower trapezius, sternocleidomastoid, lumbar region and lumbosacral region bilaterally. Range of motion of the lumbar spine exhibits forward flexion to 10 degrees; extension to 0 degrees; lateral bending to the left to 0; lateral bending to the right to 10; Bilateral rotation to 10 degrees. All motor muscle groups of the lower extremities is 3+/5 except bilateral ankle plantar flexion which is 4/5. Her sensation is decreased to light touch throughout the right lower extremity. Patellar reflexes could not be elicited bilaterally and Achilles tendon reflex could not be elicited bilaterally. The patient is diagnosed with lumbosacral strain, sciatica and myofascial/myositis. The treatment and plan include refills of prior medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- ON GOING MANAGEMENT Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Norco is a short acting opioid that is recommended for intermittent or breakthrough pain if functional improvement and pain reduction are established. The patient is a 44 year old female with chronic back pain with radicular symptoms and myofascial pain from a non-traumatic injury dated 9/4/2000. The patient is taking opioids on a chronic basis. Medical records demonstrate the patient's overall function and pain levels have not significantly improved from opioid use or other medical treatment since her injury. There has not been a reduction in dependency on medical care due to opioid use. The request is therefore not medically necessary and appropriate.

TIZANIDINE 4MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 63.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Tizanidine, a muscle relaxant, is a centrally acting alpha2-adrenergic agonist that is FDA approved for the management of spasticity; unlabeled use for low back pain. Muscle relaxants are recommended second-line for short-term treatment of acute exacerbations of chronic low back pain. The patient is a 44 year old female with chronic back pain with radicular symptoms and myofascial pain from a non-traumatic injury dated 9/4/2000. She is taking Tizanidine on a chronic basis. There is no documentation of acute exacerbation. Long-term use is not recommended. Therefore, the request is not medically necessary and appropriate.

LIDODERM 5% PATCH, #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Norco is a short acting opioid that is recommended for intermittent or breakthrough pain if functional improvement and pain reduction are established. The patient is a 44 year old female with chronic back pain with radicular symptoms and myofascial pain from a non-traumatic injury dated 9/4/2000. The patient

is taking opioids on a chronic basis. Medical records demonstrate the patient's overall function and pain levels have not significantly improved from opioid use or other medical treatment since her injury. There has not been a reduction in dependency on medical care due to opioid use. The request is therefore not medically necessary and appropriate.