

Case Number:	CM14-0118335		
Date Assigned:	09/23/2014	Date of Injury:	02/26/2014
Decision Date:	12/31/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/28/2014

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:

This is a 49 year old male with a work related neck and left upper extremity injuries that occurred on 02/26/2014. According to a Primary Treating Physician's Progress Reports dated 07/25/2014 and 07/11/2014, the injured worker had presented with persistent neck and left upper extremity complaints including burning pain in his left shoulder, arm, hand, and low back and numbness and tingling radiating into his arm. Diagnoses included C6-7 disc herniation, bilateral neural foraminal stenosis, and cervical stenosis. The injured worker has tried conservative treatments, rest, medications, and physical therapy and is awaiting authorization for cervical steroid injections. Work status is listed as modified duty. On 06/30/2014, the Utilization Review non-certified Tizanidine and Norco citing CA MTUS and ODG Guidelines noting that muscle relaxants are not recommended for long term use. Regarding opioid use, the UR physician noted that there is no documentation of a current urine drug test, risk assessment profile, attempt at weaning/tapering, or an uploaded and signed pain contract between the provider and injured worker. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine: Upheld

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

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

Decision rationale: Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are "recommended with caution only on a short-term basis." The injured worker has been taking the muscle relaxant for an extended period of time. Tizanidine is not medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that "continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life." Despite the long-term use of narcotics, the injured worker has reported very little functional improvement over the course of the last 6 months. Norco is not medically necessary.