

Case Number:	CM14-0154549		
Date Assigned:	09/23/2014	Date of Injury:	01/12/2012
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in 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 injured worker is a 34-year-old male who reported an injury on 01/12/2012. The mechanism of injury occurred while pulling stakes from concrete. His diagnoses included knee pain, lumbar radiculopathy, disc disorder lumbar, pain in joint or shoulder, cervical disc disorder, and cervical radiculopathy. The injured worker's past treatments included physical therapy, chiropractic therapy, cervical epidural steroid injections, surgery, and medications. His diagnostic exams included an MRI and electromyography. The injured worker's surgical history included a left knee arthroscopy performed on 05/15/2014. On 08/12/2014, the injured worker complained of neck and lower back pain that radiated to the left leg and left knee. He reported his pain level as 4/10 with medications and 8/10 without medications. He indicated that taking his medications provided improved function and the ability to perform activities of daily living. He also complained of joint pain, joint stiffness, joint swelling, muscle spasms, numbness and weakness but no tingling. The physical examination revealed spasms and tenderness of the cervical paravertebral muscles on both sides with a Spurling's maneuver that caused pain in the muscles of the neck. An examination of the lumbar spine revealed spasms and tenderness of the paravertebral muscles on both sides with spinous process tenderness noted on the L5-S1. An examination of the left knee revealed tenderness to palpation over the lateral joint line and medial joint line. It was also noted that the left knee had a positive McMurray's test. The injured worker's medications included Duexis 800/26.6 mg, Tizanidine 2 mg, and Tramadol 50 mg. The treatment plan consisted of a recommendation for a lumbar epidural steroid injection and the continuation of medications. A request was received for Duexis 800/26.6 mg #180 and Tizanidine 2 mg #180. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Duexis 800/26.6mg #180 is not medically necessary. The California MTUS guidelines recommend NSAIDs for acute exacerbations of chronic pain. NSAIDs for this indication are recommended as a second-line treatment after acetaminophen. There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis associated with neuropathic pain. Clinicians should weigh the indications for NSAIDs against both gastrointestinal and cardiovascular risks. Additionally, there must be quantitative objective pain measures to identify the efficacy of the medications. Based on the clinical notes, the injured worker complained of neck and lower back pain that radiated down into his left lower extremity. He rated this pain at 4/10 with medications and 8/10 without. He also reported that by taking his medications he had a reduced pain level and an increased ability to function and perform activities of daily living. The complaints of pain, numbness, weakness, and radiating symptoms are indicative of neuropathic etiology. The clinical notes reported that he had herniated disc at the L5-S1, which align with the complaints of low back pain and radiating symptoms into his left lower extremity. This finding would not be supported by the guidelines, as the guidelines state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. Also, the clinical notes failed to indicate a quantitative pain scale for the duration of use to determine efficacy. The sole report of "decreased pain and increased function" must be documented by objective measures. Additionally, the clinical notes failed to identify if acetaminophen was utilized as a first line treatment option. Therefore, due to apparent neuropathic symptoms, lack of chronological quantitative pain scores, and lack of evidence that indicated that first line medications were used, the request is not supported. Thus, the request for Duexis 800/26.6mg #180 is not medically necessary.

Tizanidine 2mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The request for Tizanidine 2mg #180 is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a

second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical notes, the injured worker had complaints of low back pain with spasms and tenderness, which warrant the use of a muscle relaxant. Also, the clinical notes indicated that Tizanidine has been prescribed since 02/2014. The guidelines do not recommend the long term use of muscle relaxants due to increased risk factors. Additionally, the clinical notes failed to indicate if the injured worker tried first line treatment medications before the utilization of a sedating muscle relaxant. The guidelines recommend non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Although, the injured worker stated that his medications improved his function, the long term use of the medication is not supported. Therefore, due to lack of documentation indicating that first line medications were utilized and evidence of long term use, the request is not supported. Thus, the request for Tizanidine 2mg #180 is not medically necessary.