

Case Number:	CM14-0156801		
Date Assigned:	09/26/2014	Date of Injury:	01/07/2013
Decision Date:	10/31/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 7, 2013. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy; opioid therapy; sleep aid; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 25, 2014, the claims administrator retrospectively denied a request for Norco, Lunesta, and Tizanidine. In an August 11, 2014 progress note, the applicant reported persistent complaints of low back pain, ranging from 5/10 with medications to 10/10 without medications. The applicant was having difficulty sleeping secondary to pain, it was acknowledged. The applicant had completed 10 recent sessions of physical therapy, it was stated. Norco, Tizanidine, Lunesta, and additional physical therapy were endorsed. Permanent work restrictions were renewed. It was stated that the applicant was currently working in a modified role. TENS unit supplies were sought. In an earlier note dated July 14, 2014, it was stated that the applicant was trying to walk around, greet customers at work, and take care of his children. The applicant stated that his pain levels were 5/10 with medications versus 8+/10 without medications. The applicant was using a cane to move about. He was given refills of Norco at a rate of eight tablets a day. Tizanidine was sought. An epidural steroid injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy, includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to work, despite ongoing complaints of pain. The applicant is trying to stay active, perform home exercises, move about, walk, work, etc. The attending provider has suggested that all of these accomplishments are possible with medication consumption. Continuing the same, on balance, was therefore indicated. Accordingly, the request was medically necessary.

Retro Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone

Decision rationale: The MTUS does not address the topic of Lunesta usage. However, as noted in ODG's Mental Illness and Stress Chapter, Eszopiclone topic, Eszopiclone or Lunesta is not recommended for long-term use purposes, but is recommended for short-term use purposes. In this case, the applicant has seemingly been using Lunesta for what appears to be a span of several months. This is not an ODG-endorsed role for Lunesta. No compelling applicant-specific rationale or medical evidence was attached to the request for authorization so as to offset the unfavorable ODG position on long-term usage of Lunesta. Therefore, the request was not medically necessary.

Retro Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine is FDA approved in the management of spasticity and can be employed off label for low back pain, this recommendation is qualified by commentary on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that muscle relaxants should be employed for short-term use, for acute exacerbations of chronic low back pain. The

120-tablet supply of Tizanidine sought, however, implies chronic, long-term, and scheduled usage of Tizanidine. This is not an MTUS-endorsed role for the same. Therefore, the request was not medically necessary.