

Case Number:	CM14-0159037		
Date Assigned:	10/02/2014	Date of Injury:	03/07/2008
Decision Date:	11/06/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 46 year old male who was injured on 3/7/2008. The diagnoses are low back pain, right knee pain, status post lumbar laminectomy fusion syndrome and fibromyalgia. There are associated diagnoses of insomnia and depression. The MRI showed right knee meniscus tear and Baker's cyst. There is a past surgery history of L4 - S1 laminectomy fusion and spinal cord stimulator treatment. The patient completed PT and acupuncture treatment. [REDACTED] noted pain score of 4-5/10 with medications and 8-9/10 without medication on a scale of 0 to 10. The patient was ambulating with a cane and had tenderness along the lumbar spine. The UDS was noted to be consistent. The medications are Norco for pain, Tizanidine for muscle spasm, Ambien for insomnia and Prozac for depression. The patient cannot tolerate NSAIDs due to a history of ulcerative colitis. A Utilization Review determination was rendered on 9/19/2014 recommending modified certification for Norco 10/325mg #120 to #90, Tizanidine 4mg #60 to #30 and non- certification for UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the maintenance treatment of severe chronic pain when the patient have failed treatment with non-opioid medications, PT, exercise and surgery. The records indicate that the patient have completed PT, acupuncture and surgical options. The UDS tests are reported to be consistent. There are no reported aberrant behaviors or adverse medication effects. The patient reported significant pain relief with functional improvement with the use of the medications. The criteria for the use of Norco 10/325mg #120 are medically necessary.

Tizanidine 4mg #60: 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): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG recommend that muscle relaxants can be utilized during exacerbation of chronic musculoskeletal pain that did not respond to standard treatment and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Tizanidine longer than the maximum recommended period of 6 weeks. The patient is also utilizing opioids and psychiatric medications. The criteria for the use of Tizanidine 4mg #60 are not medically necessary.

1 Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that UDS can be performed at initiation of chronic opioid treatment, randomly 3 to 4 times a year and more frequently for 'cause' or red flag behavior. The records indicate that the UDS done on 4/7/2014 and 9/3/2014 was consistent. There is no documentation of aberrant drug behavior or adverse effects. The patient is utilizing psychiatric medications and muscle relaxants concurrently. The criteria for UDS are medically necessary.