

Case Number:	CM14-0159681		
Date Assigned:	10/03/2014	Date of Injury:	05/29/2013
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 37-year-old female who sustained a work related injury on 05/29/2013 as result of attempting to restrain an assailant when she injured her lumbar region. Since then, she has had continuous lower back pain with radicular symptomatology to the bilateral lower extremities. Her pain is reported as 2/10 in her lower back, 0 to 5/10 in her lower extremity pain with 80% of her overall pain complaint is from her lower back. Upon exam, she is neurologically intact in both upper and lower extremities upon strength testing and during reflex examination. She exhibits mild tenderness to palpation of the bony prominences of the lower lumbar spine and the bilateral sacroiliac joints. A lumbar magnetic resonance imaging (MRI) dated February 25, 2014 identifies a 3-4mm L4-5 left central and lateral recess and foraminal broad based protrusion with partial annular tear with moderate face hypertrophy which moderately narrows the canal with moderate to severe narrowing of the left lateral recess impinging on the left L5 nerve root; Additionally, there is a 4-5 mm L5-S1 disc bulge with diffuse osteophytic region with the disc bulge mildly narrowing the lateral recess bilaterally in combination with moderate facet hypertrophy with may affect both S1 nerve roots. An electromyography (EMG) study performed on October 8, 2013 did not provide evidence of nerve conduction changes in the lower extremities. Treatments that she has previously undergone include physical therapy, chiropractic care, aquatic therapy and epidural steroid injections. She is currently taking oral and transdermal pain medications. In dispute is a decision for Percocet 10/325 mg 1 by mouth every 6 hours, #120 and Tizanidine 4mg 1-2 by mouth twice a day, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg 1 by mouth every 6 hours, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

Decision rationale: Opioid Classifications: Short-acting/Long-acting opioids: 75, 88, 91 Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxicodone, Roxicet, Percocet, Tylox, Endocet), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, HycetTM; Lorcet, Lortab; Margesic- H, MaxidoneTM; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The patient was successfully weaned from this medication and has reported 2/10 pain in her lower back with 80% of her pain complaint originating from the lower back. The patient has neuropathic pain as result of nerve damage from a surgical procedure. Considering the patient is also on Butrans, a medication FDA approved for use in patients with opioid dependence, and the patient reports that she is allergic to codeine (see page 11 of the Utilization review dated Sep 12, 2014) I find that the request is not medically necessary.

Tizanidine 4mg 1-2 by mouth twice a day, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 66.

Decision rationale: Tizanidine (Zanaflex, generic available): Is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Studies demonstrate that Tizanidine has efficacy in treating low back pain and demonstrated significantly decreased pain associated with chronic myofascial pain syndromes. Tizanidine is not intended for long term use. The patient does not complain of muscle spasticity,

nor is such documented on the provided medical reports. The request is denied as not medically necessary.