

Case Number:	CM14-0021352		
Date Assigned:	05/07/2014	Date of Injury:	10/29/2012
Decision Date:	07/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 55-year-old female with a 10/29/2012 date of injury, when her right foot slid and the left foot stayed planted on the ground as she fell forward to the right. 1/27/14 determination was non-certified, regarding Norco, given no documentation of UDS performed to monitor compliance and screen for aberrant behavior, and no documentation of a signed opiate agreement. Regarding tizanidine, given that chronic use was not supported by guidelines and no functional benefit with use. 8/15/13, 9/12/13, and 10/17/13 medical reports identified pain 10/10 without medications and 7/10 with medications. 1/8/14 medical report identified musculoskeletal pains. Exam revealed no abnormal findings, there was no focused examination. 1/2/14 medical report identified low back pain. Worse in the last few days due to stopping medication secondary to low platelet level, which was stopped by her primary care physician. She was requesting is could go back on her pain medications, pain was rated 8/10. Exam revealed tenderness over the paraspinals region over the cervical and thoracic regions. Positive shoulder abduction test, head compression produced discomfort, Spurling's was painful on the right/left. Motor exam was 4/5 on muscle groups of the bilateral upper extremities with pain on the left. There was muscle spasm. Tenderness noted in the lumbar paraspinals region bilaterally. There was tenderness noted in the midline lumbar spine. There was muscle spasm in the lumbar spine with motor exam 4/5 of lower extremities muscle groups with pain on the left. 12/23/13 medical report stated that the patient was bedridden for the last month, in the month of November, due to increased low back pain. She stated that she was on a lot of muscle relaxants as well as pain medication and she was able to finally get herself off the bed around the beginning of December, and be able to move around again.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of norco 10-325 mg prescribed: 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): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Opioid Therapy for Chronic Pain Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D. N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411 http://www.americanpainsociety.org/uploads/pdfs/Opioid_Final_Evidence_Report.pdf.

Decision rationale: The patient has continued pain. Several medical reports identified pain decreased from 10/10 to 7/10 with medications. However, a January 2014 report identifies that the patient stopped the pain medications due to low platelet count, and the pain level was rated 8/10. There was no clear indication of continued analgesia with medications if the pain level only increased from 7/10 with medications to 8/10 after stopping pain medications. In addition, there was no discussion regarding endpoints of treatment. The records do not clearly reflect continued functional benefit, a lack of adverse side effects, or aberrant behavior. There was also no evidence of current urine drug test, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and claimant. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Therefore this request is not medically necessary.

Continued use of tizanidine 4 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Drugs Page(s): 65.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain), however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The medical reports document muscle spasms, however, it appears that those are chronic in nature. The patient states that she had an episode where she was bedridden and had to take a lot of muscle relaxants. It is not clear if this was prescribed by a physician or if the patient was taking the muscle relaxants without physician supervision. There is also no clear indication of the specific current benefit from this medication or a specific end-point of treatment plan. Therefore this request is not medically necessary.

