

Case Number:	CM14-0025534		
Date Assigned:	06/13/2014	Date of Injury:	04/06/2009
Decision Date:	08/04/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 33-year-old female who reported an injury on 04/06/2009, with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 04/24/2014, the injured worker complained of constant pain in the lower back with right leg weakness. The prior treatments included pain medications. The injured worker's pain medication regimen included hydrocodone 5/325mg and Tizanidine 4mg. The physical examination of the lumbar spine revealed that the injured worker was wearing a lumbar spine support and was guarding with range of motion. It was also annotated that the injured worker had a negative straight leg raise sitting at 90 degrees bilaterally. It was noted that the injured worker had an MRI scan of the lumbar spine and that she appeared very depressed. The diagnosis included lumbar degenerative disc disease, lumbar disc protrusion, and myofasciitis/cervical. The treatment plan included continuation of psychotropic medications, hydrocodone 5/325mg #120, and Tizanidine 4mg #120, daily exercises, and a request for a spinal surgeon second opinion. The Request for Authorization for hydrocodone 5/325mg #120 and Tizanidine 4mg #120 was submitted on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion for an orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127; Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The MTUS/ACOEM Guidelines state that referral for surgical consultation is indicated for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one (1) month; or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. In the clinical notes provided for review, there is a lack of documentation of the injured worker indicating radiculopathy within the physical examination. It is noted that the injured worker had a negative straight leg raise bilaterally. There is also a lack of documentation of neurological or functional status deficits. Furthermore, there is a lack of documentation of the injured worker having a failure of conservative treatment, such as physical therapy and/or the use of pain medications. Therefore, the request for a second opinion for an orthopedic consultation is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants (for pain) Page(s): 63 and 66.

Decision rationale: The Chronic Pain Guidelines state that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Tizanidine (Zanaflex) is approved for management of spasticity, unlabeled use for low back pain. The dosing is annotated as 4 mg initial dose; titrate gradually by 2 to 4 mg every (six to eight) 6 to 8 hours until therapeutic effect with tolerable side effects, with a maximum 36mg per day. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of prescribed pain medications. There is also a lack of documentation of the frequency of the prescribed medication of Zanaflex to be taken. Furthermore, the guidelines state that muscle relaxants should be used for acute exacerbations of low back pain and for a short period of time. Therefore, the request for Zanaflex 4 mg #60 is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, specific drug list Page(s): 78, 80, and 91.

Decision rationale: The Chronic Pain Guidelines state that opioids for chronic back pain appears to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Norco is indicated for moderate to moderately severe pain. The guidelines also state that ongoing monitoring of chronic pain injured workers on opioids should include monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without the use of prescribed pain medications. There is also a lack of documentation of the injured worker's physical and psychosocial functioning with the use of prescribed medications. There is also annotation of the injured worker being on the prescribed medication of Norco greater than sixteen (16) weeks, since 01/2013. Furthermore, the request does not include the frequency of which the prescribed medication of Norco is to be taken. Therefore, the request for Norco 5/325 mg #60 is not medically necessary.