

Case Number:	CM14-0026635		
Date Assigned:	06/13/2014	Date of Injury:	11/12/2009
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 48 year old male who reported an injury on 11/12/2009 after lifting a heavy object. The injured worker's physician diagnosed him with depressive disorder not otherwise specified; somatic symptom disorder with predominant pain, hematuria, acquired flat foot, scoliosis, lumbosacral radiculopathy, chronic lower back pain, hyperlipidemia, and urinary urgency. The physician prescribed Tramadol, Motrin, Vicodin, and Flexeril. Conservative care followed including acupuncture and chiropractic care which the injured worker noted did not help and was discontinued. The injured worker received a lumbar spine x-ray on 10/20/2006 and the summary stated minimal lumbar scoliosis. A lumbar spine MRI ON 09/25/2011 noted herniation at L4-L5 with L5 compression, small disc herniation with free fragments at L5-S1 without nerve root compression. Prior to surgery, the injured worker received Norco for lower back pain. The injured worker received right L4 and L5 transforaminal selection epidural steroid injections on 03/09/2013. The injured worker reported two days of improvement and repeated the procedure on 03/20/2013. On 08/06/2012, the injured worker underwent a right sided L4-L5 laminotomy, foraminotomy and discectomy. The injured worker reported significant pain reduction to the lower back and was able to perform physical therapy. The physician is requesting Tizanidine 4 mg by mouth three times a day, 90 tablets; the request for authorization and rationale for the request were not provided within the available records. The physician also requests Cyclobenzaprine 7.5 mg tablet two times a day, 60 tablets with one refill; the request for authorization and rationale for the request were not provided within available records. The physician is requesting a urine drug screen; the request for authorization and rationale for the request were not provided with available records. The physician is also requesting a CBC (Complete Blood Count) panel; the request for authorization and the rationale for the request were not provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4 MG PO TID, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Antispasmodics Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications, Antispasmodics Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain, Muscle Relaxants.

Decision rationale: The injured worker is currently taking Norco for pain. CA MTUS Chronic pain medical treatment guidelines for muscle relaxants recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients 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-Steroid Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. The injured worker is currently taking Norco for lower back pain; there is no need for a muscle relaxant as well. Further, this medication is only for short-term use. The prescription request is more than a less than two week period as cited in ODG guidelines for low back muscle relaxants for pain. As such, the request for Tizanidine 4 mg #90 is not medically necessary and appropriate.

CYCLOBENZAPRINE 7.5 MG TAB 1 POP BID #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants and Antispasmodics Page(s): 64.

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

Decision rationale: The injured worker is still receiving Norco for chronic back pain post surgically. The guidelines for MTUS Chronic Pain Medical Treatment Antispasmodics states this medication is used to decrease muscle spasm in conditions such as lower back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions regardless if spasm is present or not. The mechanism of action for most of these agents is not known. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective

than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The physician's dosage duration exceeds the two week guidelines and improvement of the injured worker's condition shows no improvement aside from the improvements received post surgically. As such, the request for Cyclobenzaprine 7.5 mg tablets #60 with 1 refill is not medically necessary and appropriate.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

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

Decision rationale: Under MTUS drug testing guidelines this procedure is recommended as an option use the urine drug screen to assess for the use or the presence of illegal drugs. The ODG guidelines also states the urine drug screen is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing was not provided. As such, the request for Urine Drug Screen is not medically necessary and appropriate.

CBC (Complete Blood Count) PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23229907>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 70.

Decision rationale: Using the chronic pain medical treatment guidelines for Non-Steroid Anti-Inflammatory Drugs (NSAIDs) it is recommend to schedule periodic lab monitoring of a CBC (Complete Blood Count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Reviewing the available records, hepatic and renal values were never presented nor were the starting date of Norco for the injured worker. The acetaminophen found in Norco poses a potential threat to the injured worker's liver and kidneys if dosages exceed 4 grams per day.

The physician also has not indicated how long the injured worker will remain on Norco, nor has the level of dosage ultimately been determined. As such, the request for CBC (Complete Blood Count) panel is not medically necessary and appropriate.