

Case Number:	CM14-0029260		
Date Assigned:	06/20/2014	Date of Injury:	06/18/2007
Decision Date:	12/12/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine and Rehabilitation 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 53-year-old male who reported an injury on 06/18/2007. The injured worker had a slip and fall injury because the floor was wet. He fell on his back. He recalls having head trauma but no loss of consciousness. The injured worker's treatment history included CT arthrogram, medications, lumbar spine MRI, EMG/NCV studies, and a psychological evaluation. The injured worker was evaluated on 11/04/2014 and it was documented that the injured worker had persistent right shoulder and left shoulder and low back pain. The left shoulder pain was 6/10 to 8/10, right shoulder pain was 6/10 to 7/10, and his low back pain was 7/10 to 9/10 on the pain scale. The pain travels into both legs. He takes tramadol ER 150 mg twice a day and pain comes down to 4/10 to 5/10 and was manageable. He can walk and sit easier. The injured worker denies any side effects when he takes omeprazole 20 mg twice a day. Physical examination of the left shoulder revealed flexion was 30 degrees, abduction was 40 degrees, right shoulder flexion was 110 degrees and abduction was 100 degrees. Lumbar spine flexion was 40 degrees, and rotation was 10 degrees. Straight leg raise test was positive bilaterally. Diagnoses included bilateral shoulder rotator cuff impingement, urinary incontinence, and lumbar disc disease. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication was not provided. There was no urine drug screen submitted for medication compliance. Furthermore, the request failed to include frequency and duration of medication. As such, medical necessity has not been established.

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 Muscle Relaxants Page(s): 63, 66.

Decision rationale: The request is not medically necessary. The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Tizanidine and functional improvement while being on the medication. The request did not include frequency of medication for the injured worker. Moreover, the guidelines do not recommend Tizanidine to be used for long term use. As such, the request for Tizanidine 4mg, #60 is not medically necessary.