

Case Number:	CM14-0030809		
Date Assigned:	06/20/2014	Date of Injury:	07/19/2007
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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 & Rehabilitation 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 57-year-old male who sustained an injury on 07/19/07. No specific mechanism of injury was noted. The injured worker had been followed for complaints of ongoing neck pain radiating to the right upper extremity as well as low back pain radiating to the bilateral lower extremities as well as pain at the bilateral shoulders that was severe 8-10/10 on the visual analog scale (VAS) scale that was somewhat improved with medications. The injured worker reported approximately 20% relief with the use of hydrocodone, Fioricet, Motrin, tizanidine, and tramadol. The injured worker was being followed by a treating physician for pain management. The clinical report on 01/08/14 noted continuing severe pain 10/10 without medications. This was improved to 8/10 on the VAS with medications. Physical examination noted tenderness in the cervical region with limited range of motion. No specific neurological deficits were identified. There was also tenderness at the right shoulder over the acromioclavicular joint with decreased range of motion. Medications were continued at this visit. Follow up on 02/05/14 noted minimal change in the injured worker's pain scores. The injured worker had been recommended for selective nerve root blocks but was not approved through insurance. Physical examination remained essentially unchanged. The injured worker's medications were continued with Norco increased to 5/325mg every 8 hours as needed. Follow up on 03/19/14 noted no change in pain scores. The injured worker did report relief with opioid medications lasting up to 24 hours. Physical examination remained unchanged. There was an international sensitivity index (ISI) index score of 28 indicating severe insomnia. The injured worker was again recommended for selective nerve root blocks for the right shoulder. The injured worker was recommended to continue with omeprazole as well as tizanidine. The requested tizanidine 4mg, quantity 60, tramadol 50mg, quantity 90, and Norco 5/325mg, quantity 90 were all denied by utilization review on 02/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. In regards to the use of tizanidine 4mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations.

Tramadol HCL 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 9,74,78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use) Page(s): 88-89.

Decision rationale: Tramadol is an analgesic medication that can be considered as an option in treating moderate to severe musculoskeletal complaints that have failed 1st line medications for pain. Guidelines do recommend that there be ongoing clinical assessments for the establishment of efficacy in terms of pain reduction or functional improvement. The clinical records did not specifically identify any functional improvements gained with the use of this medication. There were minimal improvements in the injured worker's pain scores. The injured worker did have compliant drug screens; however, given the absence of any clear indication of functional benefit or any substantial pain improvement with the use of this medication, this medication is not medically necessary.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 9,74,78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker has been utilizing this medication over an extended period of time. The use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. The clinical documentation provided for review did not identify any particular functional or pain improvement obtained with the ongoing use of Norco. The record did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification as indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, it is deemed not medically necessary.