

Case Number:	CM14-0049048		
Date Assigned:	06/25/2014	Date of Injury:	02/16/2010
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in interventional spine 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 patient is a 45-year-old male with a date of injury of 02/16/2010. The listed diagnoses per [REDACTED] are: Displacement of lumbar intervertebral disk without myelopathy, degeneration of lumbosacral intervertebral disk. According to progress report 02/21/2014 by [REDACTED], this patient presents with bilateral low back pain which is noted to be stable with treatment. The patient is status post lumbar ESI from December 2013. Patient states the injection decreased his pain by 50% to 75% and he continues to benefit from his injection. Patient notes since the injection he has been able to increase his function and decrease his medication use. The patient reported 50% decrease in pain and spasm with Flexeril. The patient is currently taking Norco which he has decreased from 3 to 4 a day down to 1 to 3 a day since the epidural steroid injection. There were no adverse side effects reported. The treater states the patient will be given a trial of Tizanidine as the Flexeril started causing nausea. The request is for Hydrocodone 10/325 mg #90 with 1 refill and Tizanidine 4 mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Weaning for Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pg. 88-89.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a refill of Hydrocodone/acetaminophen 10/325 mg #90 with 1 refill. This patient is status post ESI on 12/23/2013 with 50% decrease in pain. On page 78 of MTUS requires pain assessment that should include, current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Furthermore, The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, the patient has noted a 50% decrease in pain since ESI. However, the treater does not provide any discussion regarding pain relief or any specific functional improvement with Hydrocodone. Furthermore, there is no pain assessment or outcome measurement as required by MTUS. Recommendation is for denial.

Tizanidine 4mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Antispasticity/Antispasmodic, pg 66.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a trial of Tizanidine 4 mg #60 as the patient has been taking Flexeril for muscle spasm and has recently started experiencing side effects of nausea. Utilization review denied the request on 03/07/2014 without stating a rationale. The MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. This is a new prescription. The treater is attempting to trial Zanaflex for this patient as he has been experiencing nausea from Flexeril. Given the patient's low back pain, recommendation is for approval.