

Case Number:	CM14-0051644		
Date Assigned:	07/07/2014	Date of Injury:	04/03/2008
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 57-year-old female with a 04/03/08 date of injury. According to available documentation, the patient sustained injury to her back, neck, and right arm while attempting to transfer a client from a bed to a wheelchair. According to a 06/23/14 progress report, the patient complained of pain. The patient stated that medications were not helping a lot. She was still having pain starting from the upper back going to the lower back area, muscles are tense. She felt low back pain radiating to the right buttock area going all the way to the right lower extremity. The patient also stated that she felt stiffness in the right shoulder as well. The objective findings were: stiffness and tenderness to palpation on right side of cervical paravertebral, slight tenderness on deep palpation at the AC joint and subacromial space, slight tenderness noted at the right elbow, tenderness is positive at left posterior, superior iliac spine as well as the lumbar paravertebral, and decreased sensation right below knee area. The diagnostic impression showed: right shoulder sprain, cervical sprain, thoracic strain, lumbar sprain, lumbar disc bulges, anxiety/stress, insomnia, stomach irritation, cervical disc bulges, right shoulder partial rotator cuff tear, and status post right rotator cuff surgery. The treatments to date are: medication management, activity modification, and physical therapy. A UR decision dated 03/28/14 denied the requests for Norco, Xanax, and Tizanidine. Regarding Norco, there is no documented symptomatic or functional improvement from its long-term usage. Regarding Xanax, there is no documented medical indication for this medication in the treatment of this patient's injury. There is no documentation of derived symptomatic or functional improvement from its previous use. Regarding Tizanidine, there is no documented functional improvement from any previous use in this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is documented in a progress note dated 06/23/14 that the patient stated that medications were not helping a lot. She was still having pain starting from the upper back going to the lower back area. The patient has been on Norco since at least 02/28/13, and it is unclear why the patient is still being prescribed a medication that is not helping to improve her pain. In addition, there was no documentation of functional improvement or improved activities of daily living or lack of adverse side effects in the reports reviewed. Therefore, the request for Norco 5/325 mg # 60 was not medically necessary.

Xanax 0.5 mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the reports reviewed, the patient has been on Xanax since at least 9/1/10, if not earlier. In addition, the patient is also on an opioid medication, Norco. The combination of a benzodiazepine medication and an opioid medication can increase the risk of adverse effects, such as sedation. Therefore, the request for Xanax 0.5 mg #30 was not medically necessary.

Tizanidine 2 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond 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. According to the records reviewed, it is documented that the patient has been on Tizanidine since at least 9/1/10, if not earlier. Guidelines do not support long-term use of this Tizanidine. In addition, there was no documentation of an acute exacerbation to the patient's pain condition since that time. Therefore, the request for Tizanidine 2mg #60 was not medically necessary.