MAXIMUS Federal Services

Case Number:	CM14-0070333		
Date Assigned:	07/14/2014	Date of Injury:	08/13/2008
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/15/2014

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 Illinois. 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 54-year-old female who reported an injury on 08/13/2008. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back that ultimately resulted in spinal fusion in 02/2012. The injured worker's treatment history included anti-inflammatory medications, muscle relaxants, physical therapy, and epidural steroid injections. The injured worker was evaluated on 05/01/2014. It was documented that the injured worker was taking Norco. However, she did not feel it was providing significant relief. The physical findings included limited range of motion of the lumbar spine with pain and tenderness to palpation from L3-5 with decreased motor strength of the bilateral lower extremities and diminished sensation in the L5-S1 distribution. The injured worker's diagnoses included L3-4 and L4-5 spondylolisthesis with postoperative changes, status post L3-4 and L4-5 extreme lateral interbody fusion and posterior fusion, and radiculopathy. The request for a refill of medications to include Norco 10/325 mg and tizanidine 4 mg was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Norco 10/325mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested 120 Norco 10/325 mg with 2 refills is not medically necessary or appropriate. The California MTUS recommends ongoing use of opioids and the management of chronic pain be supported by documented functional benefit and quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 11/2013. It is also noted within the documentation that the patient is monitored for aberrant behavior with urine drug screens. However, the injured worker's clinical documentation fails to provide any evidence of pain relief or functional benefit. The clinical documentation does indicate that the injured worker reports inadequate pain relief from medication usage. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 120 Norco 10/325 mg with 2 refills is not medically necessary or appropriate.

120 Tizanidine 4mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine.

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

Decision rationale: The requested 120 tizanidine 4 mg with 2 refills is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 11/2013. The California MTUS does not recommend the use of muscle relaxants in the management of chronic pain. The California MTUS recommends the use of muscle relaxants be limited to short durations of treatment for acute exacerbations of chronic pain. The clinical documentation does indicate that the patient has been on this medication for an excessive period of time. Additionally, there is no documentation of significant functional benefit or pain relief resulting from this medication. Furthermore, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 120 tizanidine 4 mg with 2 refills is not medically necessary or appropriate.