

Case Number:	CM14-0073496		
Date Assigned:	07/16/2014	Date of Injury:	12/31/1996
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/20/2014

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 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:

According to the records made available for review, this is a 59-year-old female with a 12/31/96 date of injury. At the time (4/16/14) of the request for authorization for prospective request for 1 prescription for Norco 10/325 mg #90 and prospective request for 1 prescription for Tizanidine 6 mg #30, there is documentation of subjective (flare-up of lower back and left knee pain, neck pain, headaches, and altered gait resulting from knee pain is also contributing to lower and middle back pain) and objective (bilateral lower back pain and neck pain with significant hypertonicity of lumbar, thoracic, and cervical paravertebral musculature right greater than left; dorsolumbar ranges of motion were restricted; cervical ranges of motion were restricted; right knee crepitus is noted and Apley's is positive; left knee flexion is limited and performed with pain, Apley's and medial ACL challenge is positive) findings, current diagnoses (lumbar intervertebral disc degeneration, cervical intervertebral disc degeneration, degeneration of the left knee meniscus/ligament, and plantar fasciitis - bilateral), and treatment to date (medication including Norco and Tizanidine for at least 4 months). Regarding prospective request for 1 prescription for Norco 10/325 mg #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Norco. Regarding prospective request for 1 prescription for Tizanidine 6 mg #30, there is no documentation of spasticity; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Tizanidine; and intended short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral disc degeneration, cervical intervertebral disc degeneration, degeneration of the left knee meniscus/ligament, and plantar fasciitis - bilateral. In addition, there is documentation of treatment with Norco for at least 4 months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Norco for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for prospective request for 1 prescription for Norco 10/325 mg #90 is not medically necessary.

Prospective request for 1 prescription for Tizanidine 6 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less

than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral disc degeneration, cervical intervertebral disc degeneration, degeneration of the left knee meniscus/ligament, and plantar fasciitis - bilateral. In addition, there is documentation of treatment with Tizanidine for at least 4 months. However, there is no documentation of spasticity. In addition, give documentation of treatment with Tizanidine for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Tizanidine. In addition, there is no documentation of intended short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for prospective request for 1 prescription for Tizanidine 6 mg #30 is not medically necessary.