

Case Number:	CM14-0075954		
Date Assigned:	07/16/2014	Date of Injury:	04/11/2011
Decision Date:	09/11/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; multiple interventional spine procedures; and reported return to work. In a Utilization Review Report dated May 13, 2014, the claims administrator denied a request for Norco and tizanidine, stating that the applicant has failed to benefit from usage of the medications in question. The applicant's attorney subsequently appealed. In a June 6, 2014 progress note, the applicant reported 10/10 pain without medications and 5/10 pain with medications. The applicant stated that he was back to work, despite pain complaints, at a rate of four hours a day. The note was somewhat difficult to follow and did not clearly report the applicant's work status. In an earlier note dated January 17, 2014, the applicant reported persistent complaints of low back, bilateral hand and bilateral wrist pain. The applicant exhibited slightly antalgic gait. The applicant stated that the applicant's functionality and quality level were ameliorated through ongoing usage of Norco, tizanidine, and Motrin. The applicant had reportedly gained weight. Multiple medications were refilled. It appears that ibuprofen was stopped owing to issues with hypertension. In an earlier note dated October 11, 2013, the attending provider again posited that the applicant had ongoing complaints of low back pain but that the applicant had returned to work with restrictions, despite ongoing complaints of pain. In a January 21, 2014 progress note, the applicant was placed off of work, on total temporary disability. It was stated that the applicant was not working status post earlier carpal tunnel release surgery on June 28, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has posited that ongoing usage of Norco has resulted in a reduction in his pain scores from 10/10 to 5/10. The applicant is reportedly able to maintain functionality and has reportedly returned to work on a part-time basis, at a rate of four hours a day, also reportedly attributed to successful usage of Norco. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

Tizanidine 4mg #30 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section, MTUS 9792.20f Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine is FDA approved in the management of spasticity and can be employed off label for low back pain. As with the request for Norco, the applicant's self-reports of analgesia and improved ability to perform activities of daily living, coupled with the applicant's reportedly successful to part-time modified work, taken together, do constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of tizanidine. Therefore, the request is medically necessary.