

Case Number:	CM14-0077433		
Date Assigned:	07/18/2014	Date of Injury:	07/11/2013
Decision Date:	09/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 51-year-old patient who sustained a work-related injury on July 11, 2013. Subsequently, the patient developed chronic low back pain. The patient reported improvement of local pain in the left sacral area after receiving left steroid injection on February 6, 2014. An MRI of the lumbar spine dated February 3, 2014 showed mild partial sacralization of L5, 10 mm sclerotic lesion in L5, mild degenerative disc change at L4-5 with 3 mm disc bulge resulting in mild bilateral foraminal narrowing and moderate degenerative facet changes at this level. According to a progress report dated March 6, 2014, the patient was complaining of low back pain with radicular symptoms to the right lower extremity involving right thigh, leg, and ankle area. The patient reported that the pain was associated with tingling and numbness. On physical examination, there was tenderness to palpation over the lumbar spinous process, intraspinal ligaments, and bilateral posterior sacroiliac spine. The patient also had tenderness to palpation over bilateral S1 joint that was worse on the left side, straight leg raise test was positive on the right side at 45 degrees. The patient had decreased sensation to light touch in the right L4 and L5 direction and lumbar extension caused pain over the facet joints. On April 7, 2014, the patient was seen for complaints of constant pain in the upper and right lower back radiating to the right lower leg. The patient reported pain intensity as 6/10 and did not take any pain medication. The patient also complained of difficulty falling asleep due to pain, dizziness, headaches, and symptoms of anxiety and depression. On examining the thoracic spine at levels C7-T1, T1-T2, T2-T3, T3-T4, T4-T5 and T5-T6, there was paraspinal tenderness bilaterally. There was also tenderness at the upper trapezius bilaterally. The patient was managed by tizanidine hydrochloride, analgesic compound cream and Norco with some improvement of pain. The patient felt pain bilaterally on straight leg raise, seated test, and on straight leg raise supine test. At levels L4-L5, L5-S1 and S1, palpation revealed paraspinal tenderness bilaterally. The patient

was diagnosed with thoracic and lumbar sprain, pain in the thoracic spine, lumbago, degeneration of thoracic or thoracolumbar intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, and thoracic or lumbosacral neuritis. The provider requested authorization to use tizanidine, Norco, and a compound analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg qhs for muscle relaxation #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Tizanidine Page(s): 66 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GUIDELINES MUSCLE RELAXANTS Page(s): 63.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Tizanidine was used in this patient without clear evidence of spasm or objective monitoring of the drug effect on the patient condition. The patient in this case does not have clear evidence of spasm and the prolonged use of Tizanidine 4mg is not justified. The request of Tizanidine is not medically necessary.

Norco 10/325mg one tablet BID as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Hydrocodone Page(s): 91 of 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Criteria for use of opioids, page(s) 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain

relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. There is no clear justification for the need to continue the use of Norco. Therefore, the prescription of NORCO 10/325 mg #60 is not medically necessary at this time.

Compound analgesic cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 11-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Pain (chronic)(updated 04/10/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of the different component of the topical analgesics. There is no documentation of failure of the first line pain medications. Therefore the request for compound analgesic cream is not medically necessary.