

Case Number:	CM14-0078288		
Date Assigned:	07/18/2014	Date of Injury:	10/05/1999
Decision Date:	09/12/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 50-year-old male who reported an injury on 10/05/1999. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his back, shoulders, ankle and neck. The injured worker's treatment history included fusion, a spinal cord stimulator, physical therapy, home exercise program, corticosteroid injections, traction, orthopedic shoes and radiofrequency ablation of the L4-5 level of lumbar spine. The injured worker was evaluated on 05/08/2014. It was noted that the injured worker had continued pain complaints and feelings of soreness. The injured worker's current medications were noted to be Lidoderm 5%, Ibuprofen 600 mg, Baclofen 10%, Norco 10/325 mg, and Tizanidine 4 mg. The injured worker's physical examination findings included a flat affect with orientation to person, time and place with intact judgment and insight into current health issues. The injured worker's diagnoses included pain in joint in ankle and foot and lumbar disc disease, lumbosacral spondylosis without myelopathy, myalgia and myositis, degenerative cervical disc disease, pain in shoulder joint, cervical spondylosis, long term drug use and postlaminectomy lumbar region. The injured worker's treatment plan was to continue to reduce Norco medications. A Request for Authorization for Norco 10/325 mg and Tizanidine 4 mg was submitted on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #180: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker is titrating off this medication. However, there is no documentation of an assessment of pain or ability to maintain function resulting from titrating off this medication. Additionally, the request, as it is submitted, does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of Norco 10/325 mg #180 is not medically necessary or appropriate.

1 prescription for Tizanidine 4mg #90 with 3 refills: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule recommends short durations muscle relaxants for acute exacerbations of chronic pain. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants for chronic pain itself. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration of time. In addition, to the requested 3 refills, guideline recommendations have been exceeded. There are no exceptional factors noted within the documentation to support extending treatment beyond recommendations. Furthermore, the request, as it is submitted, does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such the requested tizanidine 4 mg #90 with 3 refills is not medically necessary or appropriate.