

Case Number:	CM14-0189474		
Date Assigned:	11/20/2014	Date of Injury:	10/20/2010
Decision Date:	01/08/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/12/2014

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 65-year-old female with a 10/20/10 date of injury. At the time (10/8/14) of the request for authorization for 1 prescription for Norco 10-325mg tabs (hydrocodone-acetaminophen) and 1 prescription for tizanidine HCL 4mg tabs, there is documentation of subjective complaints were chronic, severe pain in the lower left extremity, which includes her left foot, knee and hip. Objective findings include tenderness to palpation paraspinal, left buttocks, low back, inside grin, anterior lateral side of knees bilaterally, and at the top and pad of her left foot with numbness and tingling pain; decreased lumbar range of motion; and strength and sensation are decreased left and right lower extremities. The current diagnoses include lumbar radiculopathy, degenerative thoracic/thoracolumbar intervertebral disc, and lumbosacral spondylosis without myelopathy. Treatment to date is medication including Norco and tizanidine for at least months with increased mobility and tolerance of activities of daily livings and home exercises. Regarding 1 prescription for Norco 10-325mg tabs (hydrocodone-acetaminophen), 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. Regarding 1 prescription for tizanidine HCL 4mg tabs, there is no documentation of spasticity 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:

1 Prescription for norco 10-325mg tabs (hydrocodone-acetaminophen): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, Section 9792.20

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 radiculopathy, degenerative thoracic/thoracolumbar intervertebral disc, and lumbosacral spondylosis without myelopathy. In addition, given documentation that medications increase mobility and tolerance of activities of daily livings and home exercises, there is documentation of functional benefit as a result of Norco use to date. 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. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Norco 10-325mg tabs (hydrocodone-acetaminophen) is not medically necessary.

1 Prescription for tizandine HCL 4mg tabs: Upheld

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

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) and Non-MTUS Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. 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. Official Disability Guidelines (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 radiculopathy, degenerative thoracic/thoracolumbar intervertebral disc, and lumbosacral spondylosis without

myelopathy. In addition, given documentation that medications increase mobility and tolerance of activities of daily living's and home exercises, there is documentation of functional benefit as a result of tizanidine use to date. However, there is no documentation of spasticity. In addition, there is no documentation of intended short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for tizandine HCL 4mg tabs is not medically necessary.