

Case Number:	CM14-0194207		
Date Assigned:	12/01/2014	Date of Injury:	08/22/2000
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/19/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 49-year-old male with an injury date of 08/22/2000. Based on the 09/30/2014 progress report, the patient complains of back pain which radiates from the lower back down to both legs. The patient rates his pain as a 6/10 with medications and an 8/10 without medications. There are "no new problems or side effects." The patient has a poor quality of sleep. The 10/28/2014 report states that the patient rates his pain as a 4/10 with medications and a 7/10 without medications. His back pain continues to radiate into his lower back down to both legs. The patient has an antalgic gait. In regards to the thoracic spine, on examination of paravertebral muscles hypertonicity, spasm, tenderness, and tight muscle bands are noted on both sides. Lumbar spine has a restricted range of motion, and on palpation, paravertebral muscles hypertonicity, and tenderness is noted on both sides. Spinous process tenderness is noted on L4 and L5. The patient cannot walk on heel and lumbar facet loading is positive on both sides. Trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles on right and left, quadratus lumborum muscles, right and left. On sensory examination, light touch sensation is decreased over the L5 lower extremity dermatome on the left side and sensation to pinprick is decreased over the L5 lower extremity dermatome on the left side as well. Straight leg raising test is positive on the left side. The 11/25/2014 report says that the patient rates his pain as a 5/10 with medications and a 7/10 without medications. No additional positive exam findings were provided. The patient's diagnoses include the following: Chronic back pain. Spinal/lumbar DDD. Post lumbar laminectomy syndrome. The utilization review determination being challenged is dated 11/12/2014. Treatment reports were provided from 01/21/2014 - 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Hcl 2mg Caps 1 QHS # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: The patient presents with lower back pain which radiates from the lower back down to both legs. The request is for Tizanidine Hcl 2mg Caps 1 QHS #30. The patient has been taking Tizanidine as early as 09/02/2014. MTUS Guidelines page 66 allows Zanaflex (Tizanidine) for spasticity, but also for low back pain, myofascial pain, and fibromyalgia. Both of the 09/02/2014 and 09/30/2014 reports state that the patient rates his pain as a 6/10 with medications and an 8/10 without medications. "He states that medications are working well. He states that his low back pain is reduced when he takes medication, it allows him to continue to clean around the house, do daily activities." The 10/28/2014 report indicates that the patient rates his pain as a 4/10 with medications and a 7/10 without medications. The treater does not specifically discuss the efficacy of Tizanidine on any of the reports provided. There is no discussion as to how this medication has been helpful with pain and function. Only general statements provided regarding "medications." No specific benefits are attributed to the use of Zanaflex. Page 60 of MTUS states that when medication is used for chronic pain, recording of pain and function needs to be provided. Therefore, the request of Tizanidine is not medically necessary.

Norco 10/325 mg 1 QID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with low back pain which radiates down to both legs. The request is for Norco 10/325 MG 1 Q.I.D. #120. The patient has been taking Norco as early as 09/02/2014. MTUS Guidelines page 88 and 89 state, "the patient should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 76 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, duration of pain relief. Both of the 09/02/2014 and 09/30/2014 reports state that the patient rates his pain as a 6/10 with medications and an 8/10 without medications. "He states that medications are working well. He states that his low back pain is reduced when he takes medication, it allows him to continue to clean around the house, do daily activities." The 10/28/2014 report indicates that the patient rates his pain as a 4/10 with

medications and a 7/10 without medications. Although there are pain scales provided, not all 4 A's were addressed as required by MTUS. While general statements are provided such as doing daily activities, it is not known whether or not opiates are significantly improving the patient's function given lack of any specific discussions regarding ADL's. The patient has no side effects as mentioned on the 09/30/14 report but no opiate management issues discussed including UDS, CURES, pain contracts, etc. No outcome measures were provided either as required by MTUS. The treating physician has failed to provide the requirements of documentations that are outlined in the MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.