

Case Number:	CM14-0200626		
Date Assigned:	12/10/2014	Date of Injury:	09/08/1997
Decision Date:	01/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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 injured worker is a 56 year-old female who injured her lower back after lifting heavy cases on 9/8/97. She was diagnosed with lumbosacral spondylosis, facet arthropathy, obesity, and chronic knee pain. There was no treatment until 2008 and then another gap in treatment until 2012. Her medications included Omeprazole, Tramadol, Lidoderm, Duexis, Tizanidine, Norco. Her pain is 10/10 without medications and 4/10 with medications. She is able to perform her activities of daily living, have increased mobility and perform home exercises while on medications. There were no listed adverse effects from the medications. On 10/8/12, she had lumbar medial branch block at L2, L3, and L4. On 1/30/13, she had radiofrequency neurotomy at L2, L3, and L4. She also had physical therapy, including 12 sessions of aquatic therapy, acupuncture, and chiropractic treatment. She also utilized a TENS unit. On 8/18/14, she was noted to have increased low back and right knee pain. Her right knee has begun to buckle. She has been unable to return to work. The current request is for continued Tizanidine and Norco use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #90 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

Decision rationale: The request for Tizanidine is not medically necessary. Tizanidine is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. The patient has been prescribed Duexis. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered not medically necessary.

Norco 10-325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-8, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request is for Norco is considered medically necessary. The 4 A's of monitoring have been documented. The patient has decrease in pain from 10/10 to 4/10 with medications. She has improved functioning with ability to do activities of daily living, home exercises, and increased mobility. She does not have any adverse side effects, and no aberrant drug behavior. Her UDS results have been consistent. The patient has been unable to work but as per MTUS, because there was decrease in pain and increased functioning, it is reasonable to continue opioids. Frequent monitoring for decreased pain and increased function should be continued. Therefore, I am reversing the prior UR decision and consider the Norco medically necessary at this time.