

Case Number:	CM14-0209895		
Date Assigned:	12/23/2014	Date of Injury:	12/31/2004
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 69 year old male with an injury date of 12/31/04. As per 11/14/14 progress report, the patient complains of aching pain in neck, low back, right hip, bilateral legs, bilateral feet, and left forearm. The pain in neck, low back, and right hip is rated at 7/10; bilateral leg pain is rated at 6/10 while the bilateral feet pain is rated at 8/10. Physical examination of the lumbar spine reveals tenderness to palpation in the paraspinal musculature with muscle spasms bilaterally. There is decreased range of motion and decreased sensation along the L5 dermatome bilaterally. The straight leg raise is positive on the right. Medications, as per progress report dated 11/14/14, include Omega 3, Glucosamine chondroitin, Cymbalta, Seroquel XR, Lyrica, Gabapentin, Primidone, Vitamin B12, low dose aspirin, crestor, Diovan HCT, Metoprolol, Metformin, Hydrocodone, Zolpidem, Tizanidine HCL, Diclofenac, Lidoderm patches, and Trixaicin cream. The patient has received an ESI, as per progress report dated 10/31/14. The patient is not working, as per progress report dated 11/14/14. CT Scan of the Lumbar spine, 08/28/14, as per progress report dated 11/14/14:- Severe central and lateral recess stenosis at L4-5, moderate to severe at L3-4, and mild to moderate at L2-3- Slight spondylolisthesis at L4-5 CT Scan of the Cervical Spine, 05/23/14:- Interbody and posterior lateral fusion at C3-4 which may be congenital- Moderate disk degeneration at C2-3 with moderate right foraminal narrowing related to facet hypertrophic change and uncovertebral degeneration- Moderate degeneration at C4-5 with mild central canal narrowing and moderate to severe left foraminal narrowing which may impinge upon the left C5 exiting nerve root. The right neural foramina is mild to moderately narrowed- Linear lucency through bifid spinous processes at C4 appear well corticated,

suggesting nonunion of old fractures versus congenital variant Diagnoses, 11/14/14:- Multilevel cervical disc disease- Lumbar stenosis at L4-5 and L3-4 and to a lesser degree at L2-3 with slight L4-5 spondylolisthesis and right greater than left lower extremity radiculopathy- Right shoulder impingement syndrome with AC joint pain and possible rotator cuff tear / adhesive capsulitis- Left lateral epicondylitis- Right hip pain- Right-sided plantar fasciitis- Left-sided calcaneal fat pad pain and plantar fasciitis- Chronic pain with mixed anxiety and depressed mood The treater is requesting for (a) DICLOFENAC XR 100 mg # 30 1 REFILL (b) TIZANIDINE 4 mg # 120 1 REFILL (c) NORCO 10/325 mg # 90 NO REFILLS. The utilization review determination being challenged is dated 11/21/14. Treatment reports were provided from 05/23/14 - 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #30 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medication for chronic pain Page(s): 22; 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Diclofenac.

Decision rationale: The patient complains of aching pain in neck, low back, right hip, bilateral legs, bilateral feet, and left forearm, as per progress report dated 11/14/14. The request is for Diclofenac XR 100 mg # 30 with 1 refill. The pain in neck, low back, and right hip is rated at 7/10; bilateral leg pain is rated at 6/10 while the bilateral feet pain is rated at 8/10, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. However, for Diclofenac, ODG pain chapter states, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." The prescription for Diclofenac was noted in progress reports dated 11/14/14 and 10/31/14. It is not clear if the patient has received this or any other NSAID prior to these dates. The treater does not document an improvement in function or a reduction in pain due to Diclofenac use and per latest update in ODG, this medication should not be used due to its high risk profile that is similar to Vioxx. The request is not medically necessary.

Tizanidine 4mg #120 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Medication for chronic pain Page(s): 63-66; 60.

Decision rationale: The patient complains of aching pain in neck, low back, right hip, bilateral legs, bilateral feet, and left forearm, as per progress report dated 11/14/14. The request is for Tizanidine 4 mg # 120 with 1 refill. The pain in neck, low back, and right hip is rated at 7/10; bilateral leg pain is rated at 6/10 while the bilateral feet pain is rated at 8/10, as per the same progress report. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." The prescription for Tizanidine was noted in progress reports dated 11/14/14 and 10/31/14. It is not clear if the patient has received this or any other muscle relaxant prior to these dates. The treater does not document an improvement in function or a reduction in pain due to Tizanidine use. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. This request is not medically necessary.

Norco 10/325mg #90 no refills: 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 complains of aching pain in neck, low back, right hip, bilateral legs, bilateral feet, and left forearm, as per progress report dated 11/14/14. The request is for Norco 10/325 mg # 90 with no refills. The pain in neck, low back, and right hip is rated at 7/10; bilateral leg pain is rated at 6/10 while the bilateral feet pain is rated at 8/10, as per the same progress report. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (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 and duration of pain relief. The prescription for Hydrocodone was noted in progress reports dated 11/14/14 and 10/31/14. Progress report dated 09/02/14 documents the use of Percocet and Vicodin. The progress reports, however, do not document any change in pain scale or improvement in function. There are no CURES and UDS reports available for review. The treater does not discuss the side effects associated with Norco use as well. The four A's are not specifically addressed including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior, as required by MTUS. This request is not medically necessary.