

Case Number:	CM15-0103224		
Date Assigned:	06/05/2015	Date of Injury:	03/19/2000
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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: Emergency Medicine

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 68-year-old female who sustained an industrial injury on 3/19/00 involving injury to the lumbar spine. She currently complains of neck and low back pain with a pain level of 6/10. She has involuntary loss of bowel and bladder control, sleep difficulties. Medications are Norco, Lyrica, tizanadine, Lexapro and Wellbutrin. Diagnoses include status post anterior cervical fusion (4/22/00); status post bladder and rectal prolapse surgery (12/2014); failed back syndrome; cervical, lumbar, thoracic radiculopathy; depression due to chronic pain. Treatments to date include cold packs, massage, heat, medications, transcutaneous electrical nerve stimulator unit, implanted spinal cord stimulator (12/2011). Diagnostics include MRI of the lumbar spine (8/3/06) with abnormal results. In the progress note, dated 4/27/15 the treating provider's plan of care includes to refill tizanadine, Lyrica, Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #30: Upheld

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

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

Decision rationale: The requested Tizanidine 2 mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck and low back pain with a pain level of 6/10. She has involuntary loss of bowel and bladder control, sleep difficulties. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 2 mg #30 is not medically necessary.

Lyrica 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin Page(s): 99.

Decision rationale: The requested Lyrica 150 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of neuropathy and postherpetic neuralgia. The injured worker has neck and low back pain with a pain level of 6/10. She has involuntary loss of bowel and bladder control, sleep difficulties. The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 150 mg #60 is not medically necessary.

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and low back pain with a pain level of 6/10. She has involuntary loss of bowel and bladder control, sleep difficulties. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased

reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg #120 is not medically necessary.