

Case Number:	CM15-0105031		
Date Assigned:	06/09/2015	Date of Injury:	08/16/2007
Decision Date:	07/10/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 77 year old female who sustained an industrial injury on 8/16/07. Of note, the providers PR2 dated 4/22/15 was difficult to decipher. The injured worker was diagnosed as having cervical spine strain and bilateral upper extremity radiculitis. Currently, the injured worker was with complaints of back pain with flare ups. Previous treatments included medication management. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn 500mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical spine strain; and bilateral upper extremity radiculopathy. The medical record is handwritten and largely illegible. Subjectively, according to the earliest progress note in the medical record dated September 3, 2014, the injured worker complains of constant low back pain flare up with exercising. Objectively, there is tenderness to palpation of the lumbar paraspinals with 5/5 upper extremity. Naprosyn 500 mg, Vicodin 5/325mg (dose documented throughout the medical record) and Tizanidine 4 mg were prescribed as far back as September 3, 2014. There is no documentation indicating objective functional improvement. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There has been no attempt at weaning or lowering the dose of Naprosyn. Additionally, subjectively the injured worker complains of worsening low back discomfort. The diagnoses do not match up with the subjective complaints and objective findings in the medical record. Consequently, absent clinical documentation with an attempt at weaning nonsteroidal anti-inflammatory drugs, evidence of objective functional improvement to support ongoing nonsteroidal anti-inflammatory drugs and subjective worsening of low back pain, Naprosyn 500mg #60 is not medically necessary.

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Vicodin 5/300mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine strain; and bilateral upper extremity radiculopathy. The medical record is handwritten and largely illegible. Subjectively, according to the earliest progress note in the medical record dated September 3, 2014, the union worker complains of constant low back pain flare up with exercising. Objectively, there is tenderness to palpation of

the lumbar paraspinals with 5/5 upper extremity. Naprosyn 500 mg, Vicodin 5/325mg (dose documented throughout the medical record) and Tizanidine 4 mg were prescribed as far back as September 3, 2014. There is no documentation indicating objective functional improvement with Vicodin. There has been no attempt at weaning or lowering the dose of Vicodin. Additionally, subjectively the injured worker complains of worsening low back discomfort. The diagnoses do not match up with the subjective complaints and objective findings in the medical record. Vicodin dosing throughout the medical record is 5/325 mg. The request for authorization is for Vicodin 5 mg/300 mg. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent clinical documentation with an attempt at weaning opiates, evidence of objective functional improvement to support ongoing opiate use and subjective worsening of low back pain, Vicodin 5/300mg #60 is not medically necessary.

Tizanidine 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical spine strain; and bilateral upper extremity radiculopathy. The medical record is handwritten and largely illegible. Subjectively, according to the earliest progress note in the medical record dated September 3, 2014, the injured worker complains of constant low back pain with flare-up with exercising. Objectively, there is tenderness to palpation of the lumbar paraspinals with 5/5 upper extremity. Naprosyn 500 mg, Vicodin 5/325 mg (dose documented throughout the medical record) and Tizanidine 4 mg were prescribed as far back as September 3, 2014. There is no documentation indicating objective functional improvement with Tizanidine. There has been no attempt at weaning or lowering the dose of Tizanidine. Additionally, subjectively the injured worker complains of worsening low back discomfort. The diagnoses do not match up with the subjective complaints and objective findings in the medical record. Additionally, Tizanidine is recommended for short-term (less than two weeks). Tizanidine was prescribed as far back as September 3, 2014 (approximately 7 months). This is clearly in excess of the recommended guidelines for short-term use. Consequently, absent clinical documentation with an attempt at weaning muscle relaxants, evidence of objective functional improvement to support ongoing muscle relaxant use, subjective worsening of low back pain, in excess of the recommended guidelines for short-term use, Tizanidine 4 mg #90 is not medically necessary.