

Case Number:	CM15-0011442		
Date Assigned:	01/29/2015	Date of Injury:	05/28/1996
Decision Date:	04/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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 66 year old female, who sustained an industrial injury on May 28, 1998. The diagnosis was not included in the progress note on December 19, 2014. Treatment to date has included bilateral L4-5 and L5-S1 facet radiofrequency ablation on June 27, 2014 and was pain free after, topical cream, opioids, and rides a 3 wheel bike, urine drug screens, physical therapy and Magnetic resonance imaging of lumbar spine on December 30, 2008. Currently, the injured worker complains of back pain at the lumbosacral junction and across the iliac crest, pain in buttocks when she walks, numb in the anterior thighs bilaterally, she also complains of neck pain. In a progress note dated December 19, 2014, the treating provider reports examination of the back revealed pain to palpation in the lumbosacral junction, and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen (Norco) 7.5-325mg#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

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, Norco 7.5/325 mg # 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. In this case, there are no formal diagnoses listed in the medical record. The discussion section of the progress note dated December 19, 2014 shows the injured worker's working diagnoses are progressive low back pain with minimal leg involvement; facet joint disease. The treating physician has been treating the injured worker with Norco as far back as June 11, 2014. The injured worker was taking 2 to 3 Norco per day at that time. A December 19, 2014 progress note shows the injured worker is taking Norco one tablet three times per day. The date of injury is May 28, 1996. There is no documentation of objective functional improvement as it relates to ongoing Norco. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco and gauge its efficacy, Norco 7.5/325 mg #60 is not medically necessary.

Tizanidine (Zanaflex) 2mg #30 (x2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

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 (Zanaflex) 2 mg #30 with two refills 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, there are no formal diagnoses listed in the medical record. The discussion section of the progress note dated December 19, 2014 shows the injured worker's working diagnoses are progressive low back pain with minimal leg involvement; facet disease. The documentation indicates the treating physician prescribed Tizanidine as far back as June 11, 2014. This is the oldest medical record available for review and the start date is unclear based on the available documentation. Muscle relaxants are recommended short-term (less than two weeks) for treatment of acute low back pain or an acute exacerbation in patients with chronic low

back pain. The treating physician has exceeded the recommended guidelines by continuing its use in excess of nine months. This is an estimate based on the available documentation because the start date is unknown. Consequently, absent compelling clinical documentation with objective functional improvement by continuing treatment in excess of the recommended guidelines for short-term use (less than two weeks) for a minimum of nine months with Tizanidine, Tizanidine 2 mg #30 with two refills is not necessary.