

Case Number:	CM15-0017374		
Date Assigned:	02/05/2015	Date of Injury:	08/23/2013
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/29/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 32-year-old male with an industrial injury dated 08/23/2013. His diagnoses include lumbar neuritis, lumbar strain/sprain, and lumbar disc displacement. Recent diagnostic testing has included a MRI of the lumbar spine (no date given) showing disc protrusion at L4-L5 and disc bulge at L5-S1. He has been treated with medications, epidural steroid injections, and conservative measures. In a progress note dated 01/14/2015, the treating physician reports constant low back pain that radiates to both legs with numbness and tingling. The objective examination revealed tenderness to the lumbar spine, positive straight leg raises, and limited and painful range of motion in the lumbar spine. The treating physician is requesting Norco and Tizanidine which were denied (allowing for weaning) by the utilization review. On 01/19/2015, Utilization Review non-certified a prescription for Norco 10/325mg #60 (allowing 1 month supply for weaning), noting the absence of a documented increase in function or decrease in pain with the use of this medication, and the absence of screening for misuse, and decrease in the injured worker's visual analog scale pain scores or improved and measurable tolerance to specific activities. The MTUS Guidelines were cited. On 01/19/2015, Utilization Review non-certified a prescription for Tizanidine 4mg #60 (allowing 1 month supply for weaning), noting the absence of a documented maintained increase in function or decrease in pain and/or spasms with the use of this medication, and the absence of recent screening for misuse with evidence that use resulted in a decrease in the injured worker's visual analog scale pain scores and improved and measurable tolerance to specific activities. The MTUS Guidelines were cited. On

01/29/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #60 and Tizanidine 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Tizanidine 4mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity / antispasmodic drugs Page(s): 66.

Decision rationale: Per MTUS CPMTG page 66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain

associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." I respectfully disagree with the UR physician; the MTUS guidelines do not mandate documentation of functional improvement or reduced spasms to warrant ongoing treatment with Tizanidine.