

Case Number:	CM15-0130928		
Date Assigned:	07/17/2015	Date of Injury:	12/12/2007
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 51-year-old male, who sustained an industrial injury on 12/12/07. The mechanism of injury is not documented. The injured worker was diagnosed as having lumbar disc degeneration, lumbar facet arthropathy, failed back surgery syndrome, lumbar radiculopathy, status post fusion of lumbar spine and rule out painful lumbar spine hardware. Treatment to date has included lumbar fusion, lumbar spine hardware block, oral medications including Norco, Tylenol #3, Naprosyn 550mg, Tizanidine, Tramadol ER 150mg, and Vitamin D and activity restrictions. Currently on 6/8/15, the injured worker complains of low back pain with radiation down the left lower extremity with frequent, severe muscle spasms in the low back; he rates the pain 8/10 with medications and 9/10 without medications which is unchanged since previous visit. He also reports limitations of activities of daily living. A urine drug screen performed on 6/8/15 was inconsistent with medications prescribed. He notes Tylenol #3 provides less pain relief than Norco. Physical exam dated 6/8/15 noted spasm in the lumbar paraspinal musculature, tenderness on palpation in the spinal vertebral area of L4-S1, restricted lumbar range of motion due to pain and decreased sensitivity to touch along the L4-S1 dermatome. The treatment plan included request for renewal of Naprosyn 550mg, Tizanidine, Tramadol ER 150mg, and Vitamin D along with discontinuation of Tylenol #3 and addition of Hydrocodone-APAP. A request for authorization was submitted for Tizanidine 2mg, Tramadol ER 1500mg, Vitamin D 2000 units, Norco 10/325mg and Naproxen 550mg on 6/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 66.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, there is no documentation of functional improvement with the use of this medication. The guideline criteria do not support the long-term use of muscle relaxants; the injured worker has received Tizanidine since at least 12/22/14. Medical necessity for the requested medication has not been established. The requested medication, Tizanidine, is not medically necessary.

Vitamin D 2000 units BID #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine.

Decision rationale: Vitamin D is needed for bone growth and bone remodeling by osteoblasts and osteoclasts. It has other roles in the body, including modulation of cell growth, neuromuscular and immune function, and reduction of inflammation. Vitamin D levels are used to determine a diagnosis of Vitamin D deficiency. There is no indication for laboratory studies for Vitamin D. A search of the California MTUS Guidelines and ODG did not reveal any guidelines or scientific evidence to support monitoring Vitamin D levels. Medical necessity for the requested lab work has not been established. The requested lab study is not medically necessary.

Norco 10/325mg BID #30: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: The CA MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has been receiving Tylenol #3 and notes it is not as effective as Norco and is

requesting Norco. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the pain is unchanged from previous visits and the duration of pain relief is not documented. His work status is noted to be permanent and stationary. A urine drug screen performed was inconsistent with medications prescribed, as Codeine had not been detected. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.