

Case Number:	CM15-0134558		
Date Assigned:	07/22/2015	Date of Injury:	06/18/2012
Decision Date:	09/23/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, Florida

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 59 year old male who sustained an industrial/work injury on 6/18/12. He reported an initial complaint of low back pain. The injured worker was diagnosed as having lumbar discogenic disease. Treatment to date includes medication and surgery (lumbar discectomy). Currently, the injured worker complained of no significant improvement in low back pain. Per the primary physician's report (PR-2) on 4/6/15, exam revealed well healed scar, slow antalgic gait, requires use of a walker, midline tenderness to palpation at L4-S1, restricted range of motion, normal motor and muscle tone, decreased strength with left knee extension 3+/5, distorted sensation to light touch in a sock distribution as the lower extremities bilaterally. Straight leg raise is positive on the left. The requested treatments include Tizanidine 4mg, Gabapentin 600mg, Diclofenac 100 mg, and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the duration of utilization of Tizanidine had exceeded the guidelines recommendation of 4 to 6 weeks. The criteria for the use of Tizanidine 4mg #60 was not met.

Gabapentin 600mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the chronic treatment of neuropathic pain and chronic pain syndrome. The chronic use of anticonvulsant can result in pain relief, functional restoration and reduction in analgesic requirements. The records indicate that the patient had reported pain relief and functional restoration with utilization of Gabapentin. The criteria for the use of gabapentin 600mg #180 were met.

Diclofenac 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiac and gastrointestinal complications. The records indicate that the patient had reported pain relief and functional restoration with utilization of diclofenac. The criteria for the use of was diclofenac 100mg #60 was met.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedatives. The guidelines recommend that chronic pain patients with psychosomatic symptoms be treated with anticonvulsant and antidepressant analgesic medications. The records did not show guidelines required compliance monitoring of serial UDS, CURESS data reports, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #90 was not met.