

Case Number:	CM15-0136869		
Date Assigned:	07/24/2015	Date of Injury:	04/01/2001
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year-old female sustained an industrial injury to the back, neck and shoulders on 4/1/01. Documentation did not disclose recent magnetic resonance imaging. Recent treatment consisted of trigger point injections and medication management. In a progress note dated 1/7/15, the injured worker complained of constant, intractable upper and lower back pain rated 6-8/10 on the visual analog scale without medications and 2-3/10 with medications. Current medications consisted of Methadone, Norco, Neurontin and Tizanidine. In a progress note dated 5/13/15, the injured worker reported that she had been experiencing constant intractable pain in the neck and upper and lower back. The injured worker reported getting greater than 60-80% improvement in pain and functional ability with her current medications, which decreased her pain from 8/10 on the visual analog scale to 2/10. Physical exam was remarkable for multiple trigger points and taut bands throughout the cervical spine, thoracic spine and lumbar paraspinal musculature, trapezius musculature and gluteal musculature, cervical spine and lumbar spine with limited range of motion, weakness to the left upper extremity and decreased sensation to the left lower extremity. The injured worker could not perform a right heel to toe gait. Current diagnoses included mild left cervical spine radiculopathy, thoracic outlet syndrome, mild compression fracture of T8 vertebral body, chronic myofascial pain syndrome, intractable pain, lumbar spine radiculopathy and opioid tolerance. The treatment plan included continuing medications (Methadone, Norco, Colace, Neurontin and Tizanidine) and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 68.

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Tizanidine for several months along with opioids. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Tizanidine is not medically necessary.

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 60.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant had been on Methadone for over 6 months along with Norco. There was mention of opioid tolerance but not addiction or need for detoxification. Despite tolerance, the opioids including Methadone were continued. There was no note of failure of non-opioids or other 1st-line medications. As a result, continued and long-term use of Methadone is not medically necessary.

Hydrocodone/APAP 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for over 6 months in combination with Methadone. There was note of opioid tolerance. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.