

Case Number:	CM15-0200575		
Date Assigned:	10/15/2015	Date of Injury:	02/15/2002
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/12/2015

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 49 year old male, who sustained an industrial injury on 2-15-02. The injured worker is diagnosed with failed lumbar syndrome, myofascial pain and radiculopathy. His disability status is permanent and stationary. Notes dated 8-25-15, 9-16-15 and 9-24-15 reveals the injured worker presented with complaints of constant low back pain (right greater than left) described as aching and cramping and rated at 3-10 out of 10. He reports the pain is increased with standing, walking and sitting. He reports he experiences episode of low back tightness and stiffness that requires him to lie down. He reports he will lie down up to 23 hours a day for weeks to months as all activity increases his low back pain. He reports he is independent with self-care and meal preparation with medications. He also reports difficulty with standing, sitting, reclining, walking, riding, driving, flying sleep and sexual function; however, medications make them easier. Physical examinations dated 8-25-15, 9-16-15 and 9-24-15 revealed and altered gait. There is severe tenderness to palpation to the lumbar paraspinal muscles and sacroiliac joints. His range of motion is decreased and the straight leg raise is positive bilaterally. Treatment to date has included a spinal cord stimulator, which provides lower extremity pain relief per note dated 9-24-15; medications- Norco, Tizanidine and Flexeril (8-2015) provides a 50% benefit and functional improvement (particularly his lower extremities)-no aberrant behavior noted and surgical intervention- L5-S1 vertebral body fusion, inferior laminectomy. Diagnostic studies include urine toxicology screen, which was appropriate for prescribed medications per note dated 9-24-15, bone scan, CT scan, MRI scan and lumbar x-rays. A request for authorization dated 9-28-15 for Norco 10-325 mg #150 (1-2 tablets every 4 hours as needed), Tizanidine 2 mg # 90 (three times a day as needed) and Flexeril 10 mg #60 (2 times a day) is non-certified, per Utilization Review letter dated 10-5-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 tablets every four hours as needed quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 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 non-adherent) 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 insufficient documentation to support the medical necessity of norco nor sufficient 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 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. Per the medical records, it was noted that the injured worker rated pain 3/10 with medication and 9-10/10 without medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that previous UDS was appropriate for current medications, however, there were no reports or UDS dates provided for review. CURES was noted to be appropriate. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed and the request is not medically necessary.

Tizanidine 2mg, three times a day as needed, quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Per MTUS CPMTG p66 "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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 9/2015. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

Flexeril 10mg twice a day quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines, the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. UDS that evaluate for cyclobenzaprine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for cyclobenzaprine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 8/2015. There is no documentation of the patient's specific functional level or percent improvement with treatment with cyclobenzaprine. As it is recommended only for short-term use, medical necessity cannot be affirmed. Therefore, the request is not medically necessary. Furthermore, per progress report dated 8/25/15, it was noted that flexeril would be discontinued and tizanidine would be started.