

Case Number:	CM15-0200787		
Date Assigned:	10/15/2015	Date of Injury:	03/02/2008
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: Florida, New York, Pennsylvania
 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 3-2-2008. The injured worker is undergoing treatment for lumbar facet pain and acute myofascial pain. Medical records dated 8-27-2015 indicate the injured worker complains of back pain. The treating physician indicates the injured worker is working full time but did have a flare up 5-2015. Physical exam dated 8-27-2015 notes minor painful lumbar range of motion (ROM) and tenderness to palpation of the right buttock and sacral area. Treatment to date has included radiofrequency ablation, physical therapy, home exercise program (HEP) and Norco, Tizanidine and Diazepam since at least 7-2014. The original utilization review dated 9-15-2015 indicates the request for Norco 10-325mg #150 is modified and Tizanidine 4 mg #60 and Diazepam 10mg #20 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Prescriptions of Norco 10/325mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction, Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. If chronic use is entertained, then before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of a return to work with evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Additionally there is the risk of diversion, tolerance and hyperalgesia resulting in gradual increases in medication dosing and evidence for decreasing benefits. Norco is considered a member of the short-acting family of opioids and as such faces a much higher risk of rebound pain and subsequent misuse. Managing chronic pain is not an appropriate use for short duration opioids. Weaning of opioid analgesics is recommended if there is no overall improvement in function, unless there are extenuating circumstances. This member was found to have had a stable condition with no documented evidence for a sustained reduction in pain or improvement in practical function related to the use of opioids over an extended period of time. In the face of evidence for limited utility for improved function, recommendations for short term use of short acting opioids and the ongoing risk for rebound pain and dependence, continued use of Norco is not medically necessary. The UR modification to allow for weaning and discontinuation is supported.

2 Prescriptions of Tizanidine 4mg, #60: Upheld

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

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

Decision rationale: Non-sedating muscle relaxants can be recommended with caution as second line options for short term treatment of acute exacerbations in patients with chronic LBP. In most cases, they show no additional benefit beyond NSAIDs in pain and overall improvement and no additional benefit in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine has shown evidence for efficacy with myofascial pain syndrome and possibly fibromyalgia. It has been associated with somnolence, dizziness, weakness and hepatotoxicity. The physical examination reported does not articulate evidence for muscle spasm or breakthrough muscle spasm. The Low

Back Pain is described as chronic. There is documentation that the problem is chronic and has not shown objective signs of sustained functional improvement. As such, the long term use of Tizanidine in this role is not medically necessary. The UR Non-Cert is supported.

2 Prescriptions of Diazepam 10mg, #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

Decision rationale: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Diazepam's range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant but chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There appears to be no objective evidence for functional improvement. The member has been maintained on this medication for an extended period of time far beyond any expectation of continued utility for use in managing muscle spasm. The long term risks for dependence increase with time. The continued use of this medication is not medically necessary. The UR-Non Cert is sustained.