

Case Number:	CM15-0218811		
Date Assigned:	11/10/2015	Date of Injury:	06/24/1998
Decision Date:	12/22/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/06/2015

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, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old male who sustained an industrial injury on 6-24-98. He was not working per 6-4-15 note. Medical records indicate that the injured worker has been treated for L4-5 stenosis; post-operative right leg radiculopathy; L3-4 bilateral pars fracture; L5-S1 pseudoarthrosis; status post revision fusion (7-2013). He currently (10-27-15) complains of low back pain radiating down the bilateral buttocks and hips into the through shins, calves and feet with a pain level of 8 out of 10 (does not indicate if with or without medication). This is an increase in pain level from the 7-30-15 and 9-28-15 notes where he had a pain level for the low back of 4 out of 10 with medication and 9 out of 10 without medication. He also has intermittent neck pain (per 7-30-15 note) with a pain level of 7 out of 10. He ambulates with a cane. Physical exam of the lumbar spine revealed palpable tenderness over the lumbar spine and bilateral sacroiliac joints, restricted sensation over the L3 and L4 dermatome distribution, decreased range of motion, positive straight leg raise, positive Faber's and Fortin's bilaterally. His physical exam was unchanged from 4-30-15 note. Treatments to date include back brace; medication: (past): Zanaflex since at least 7-24-14; Norco since at least 8-2-14, omeprazole, Motrin, OxyContin, Valium, Zoloft, and Mobic; (current): clonazepam, doxazocin, Lyrica, meloxicam, Motrin, Norco, omeprazole, Sertraline, tizanidine. There was a drug screen dated 7-2-15 which was consistent with prescribed medication. The 7-30-15 documentation indicated that the injured worker was at high risk for abuse. "We know this because of his admitted part history of prescription drug overuse". In addition the documentation indicates that the injured worker gets 80-90% relief from opioids. With opioids he was able to walk around the house, care for himself

and spend time with friends and family. "There are no signs of abuse or diversion. He is on the lowest possible dose for functional improvement. He denies side effects". Documentation indicates that tizanidine relieves muscle spasms. The request for authorization was not present. On 11-4-15 Utilization review non-certified the request for tizanidine 4mg #30; hydrocodone-acetaminophen 10-325mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 30: 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: This claimant was injured now back in 1998 now 17 years ago. There was L4-5 stenosis, postoperative right leg radiculopathy, L3-4 bilateral pars fracture, and status post revision fusion in 2013. There is tenderness described, but no overt, acute, muscle spasm on physical examination. The medicine has been prescribed since at least July, without documentation of objective, functional improvement. Regarding muscle relaxants like Tizanidine (Zanaflex), the MTUS recommends 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). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP 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. The request is not medically necessary.

Hydrocodone/Acetaminophen 10/325 mg Qty 50: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, page 79, 80 and 88 of 127As shared previously, this claimant was injured now 17 years ago, back in 1998. There was L4-5 stenosis, postoperative right leg radiculopathy, L3-4 bilateral pars fracture, and status post revision fusion in 2013. There is tenderness described, but no overt,

acute, muscle spasm. The opiate medicine has also been prescribed since at least July, without documentation of objective, functional improvement. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary.