

Case Number:	CM15-0221268		
Date Assigned:	11/16/2015	Date of Injury:	01/23/2014
Decision Date:	12/29/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/10/2015

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

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 44 year old, female who sustained a work related injury on 1-23-14. A review of the medical records shows she is being treated for neck and left shoulder pain. In the progress notes dated 7-2-15 and 9-28-15, the injured worker reports neck and left shoulder pain. She rated her pain a 7 out of 10 on 7-2-15 and it increased to 8-9 out of 10 on 9-28-15. She describes her pain as sharp, shooting and stabbing. Left shoulder pain radiates to left scapula. Upon physical exam dated 9-28-15, she has spasms in cervical paraspinal muscles and left shoulder muscles. Left shoulder range of motion is decreased. Treatments have included medications, home exercises and physical therapy. Current medications include Norco, Tizanidine and Meloxicam. She has been taking the Norco and Tizanidine since at least April, 2015. With taking these medications, her pain level is not improving, it is worse at present, and there is no documentation of functional improvement. She is working modified duty. The treatment plan includes refills in medications. In the Utilization Review dated 10-16-15, the requested treatments of retrospective Tizanidine 4mg. #90, retrospective 10-325mg. #60 and retrospective Meloxicam 7.5mg. #60 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tizanidine 4 Mg #90 Filled 09/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The injured worker has been prescribed this medication since April, 2015 which is not supported by the guidelines. Additionally, there is no evidence of an acute muscle spasm on physical examination. The request for Retro Tizanidine 4 Mg #90 filled 09/29/2015 is determined to not be medically necessary.

Retro Norco 10/325 Mg #60 Filed On 09/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco since at least April 2015 without quantifiable evidence of pain relief or objective evidence of functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retro Norco 10/325 Mg #60 filed on 09/29/2015 is determined to not be medically necessary.

Retro Meloxicam 7.5 Mg #60 Filed On 09/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for retro Meloxicam 7.5 Mg #60 filed on 09/29/2015 is determined to not be medically necessary.