

Case Number:	CM15-0030670		
Date Assigned:	02/23/2015	Date of Injury:	06/01/2007
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 was a 48 year old male, who sustained an industrial injury, June 1, 2007. According to progress note of December 30, 2014, the injured workers chief complaint was low back pain with radiation to both lower extremities. The injured worker was currently taking Norco which takes the edge off. The injured worker was having difficulty walking, changing positions and getting on to the examining table. The injured worker was diagnosed with status post fusion L4-S1, lumbar spine musculoligamentous sprain/strain (L3-L4 interspinous ligamentous strain) with bilateral lower extremity radiculitis, right sacroiliac joint sprain and history of pelvic fracture, psychiatric complaints and insomnia. The injured worker previously received the following treatments X-ray of the lumbar spine, MRI of the lumbar spine on January 14, 2012, on April 24, 2014 status post L4-L5 and L5-S1 transforaminal lumbar interbody fusion with placement of PEEK cages, bilateral pedicle screw and rod instrumentation L4, L5 and S1 using Sea spine implants, open reduction internal fixation of L4-L5 spondylolisthesis and harvesting of the right iliac bone graft, physical therapy, occupation therapy, Norco and X-rays of the lumbar spine on December 30, 2014 hardware was stable. December 30, 2014, the primary treating physician requested authorization for prescriptions for Norco 10/325mg #90 and Tizanidine 2mg #120. On February 4, 2015, the Utilization Review denied authorization for prescriptions for Norco 10/325mg #90 and Tizanidine 2mg #120. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75-79.

Decision rationale: Guidelines recommend Norco for moderate to severe pain with ongoing monitoring for improved functioning, efficacy, side effects, and signs of aberrant drug behavior. Opioids should be discontinued in patients with no overall improvement in function, adverse side effects, or no increase in functioning. In this case, minimal improvement in function was noted and documentation is lacking regarding efficacy. Thus, the request for Norco 10/325 mg #90 is not medically necessary and appropriate as this medication should be weaned and discontinued according to guidelines.

1 Prescription of Tizanidine 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), and Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: Guidelines support use of Tizanidine for management of spasticity and pain for short term periods as efficacy diminishes over time. Muscle relaxants are not first line options for acute exacerbations of back pain. According to the clinical records, the patient has been using Tizanidine long term without documented improvement in level of function. Due to the lack of sustained improvement and the lack of an acute exacerbation, the request for Tizanidine 2mg #120 is not medically necessary and appropriate.