

Case Number:	CM15-0038442		
Date Assigned:	03/09/2015	Date of Injury:	08/07/2008
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California

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 62-year-old male who sustained an industrial injury on August 7, 2008. The injured worker was diagnosed with lumbar post laminectomy syndrome, degeneration of lumbosacral intervertebral disc and chronic pain syndrome. The patient has a history of hypertension, obesity and diabetes mellitus. The injured worker is status post a three level fusion in 2010. According to the primary treating physician's progress report on December 4, 2014, the injured worker continues to experience persistent low back pain with radiation to the bilateral lower extremities when standing or walking. After walking a few blocks, the injured worker feels numbness and tingling down the legs. Electromyography (EMG)/Nerve Conduction Velocity (NCV) performed on December 30, 2014 demonstrated evidence of borderline peripheral neuropathy and no evidence of radiculopathy bilaterally at L2 through S1. A magnetic resonance imaging (MRI) on December 30, 2014 demonstrated moderate to severe spinal canal stenosis, moderate degenerative disc disease and bilateral foraminal stenosis at L1-L2 and fusion stable. A follow up office visit on Jan 29, 2015 revealed no changes in the injured worker's condition. Current medications consist of Voltaren, Flexeril, Tramadol, Norco, Diclofenac ER, Terocin lotion and Theramine. The injured worker has completed a functional restoration programs (FRP's). On February 12, 2015, the Utilization Review denied certification for Norco 5/325mg #60 and Tizanidine 4mg #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol previously and NSAIDS. There was no mention of Tylenol failure. No one opioid is superior to another. The use of Norco is not medically necessary.

Tizanidine 4mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 68.

Decision rationale: According to the MTUS guidelines, Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been on muscle relaxants (Cyclobenzaprine) the prior months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.