

Case Number:	CM15-0059278		
Date Assigned:	04/03/2015	Date of Injury:	08/12/2011
Decision Date:	05/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/30/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old female, who sustained an industrial injury on 8/12/2011. Diagnoses include low back pain and right lower extremity radicular pain with numbness, tingling and subjective weakness, and cervical multilevel degenerative disc disease, neck pain and right upper extremity radicular pain. Treatment to date has included bilateral L3-4 transforaminal epidural steroid injection (11/05/2014) and medications. Per the Consulting Physician Pain Management Follow-up Report dated 12/16/2014, the injured worker reported improvement after the administration of bilateral L3-4 transforaminal epidural steroid injection. Physical examination revealed a mildly antalgic gait. There was decreased range of motion of the low back. Posterior extension is no more than 10 degrees and caused radicular pain down the anterior thighs, worse on the right. Forward flexion is no more than 30-35 degrees. There was decreased sensation in both anterior thighs. Deep tendon reflexes are decreased symmetrically in both knees, absent in both ankles. Straight leg raise was positive on the left. The plan of care included a follow up injection and medications and authorization was requested for Hydrocodone/Acetaminophen and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 50 year old female with an injury on 08/12/2011. She has chronic low back pain and lumbar radiculopathy. MTUS, Chronic Pain guidelines note that for on-going treatment with opiates there must be documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet the above criteria and hydrocodone is not medically necessary.

Tizanadine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 50 year old female with an injury on 08/12/2011. She has chronic low back pain and lumbar radiculopathy. The requested medication is a muscle relaxant. MTUS, chronic pain guidelines do not recommend long-term treatment with muscle relaxants. When added to NSAIDs, muscle relaxants do not provide additional pain relief. Also, muscle relaxants are associated with decreased mental and physical ability.