

Case Number:	CM15-0086830		
Date Assigned:	05/11/2015	Date of Injury:	04/26/2011
Decision Date:	06/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/06/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 63 year old male, who sustained an industrial injury on April 26, 2011. He reported lumbar, ankle and right wrist pain and right shoulder pain. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, status post open reduction internal fixation of the ankle and status post right shoulder surgery. Treatment to date has included radiographic imaging, diagnostic studies, status post-surgical intervention of the shoulder, aquatic therapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued mid and low back pain and shoulder pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He reported falling from a ladder. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 24, 2014, revealed worse pain in the back than previously noted. Evaluation on January 15, 2015, revealed continued pain unchanged from previous visits. He reported no change with previous therapies. He noted taking pain medications to maintain function and to reduce the pain. Pain medication and a lumbar facet and medial branch blocks were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 63 year old male has complained of low back pain, ankle pain, wrist pain and shoulder pain since date of injury 4/26/11. He has been treated with surgery, acupuncture, physical therapy and medications to include opioids since at least 11/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Bilateral Lumbar, L3 through L5, Medial Branch Block at L4-L5 and L5-S1 (sacroiliac) facets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Facet Joint Diagnostic Blocks (injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: This 63 year old male has complained of low back pain, ankle pain, wrist pain and shoulder pain since date of injury 4/26/11. He has been treated with surgery, acupuncture, physical therapy and medications. The current request is for bilateral Lumbar, L3 through L5, medial Branch Block at L4-L5 and L5-S1 (sacroiliac) facets. Per the MTUS guidelines cited above, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are not recommended in the treatment of low back complaints. On the basis of the above cited MTUS guidelines, bilateral Lumbar, L3 through L5, medial Branch Block at L4-L5 and L5-S1 (sacroiliac) facets is not indicated as medically necessary.

Tizanidine 4 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 63 year old male has complained of low back pain, ankle pain, wrist pain and shoulder pain since date of injury 4/26/11. He has been treated with surgery, acupuncture, physical therapy and medications to include Tizanidine since at least 12/2014. The current request is for Tizanidine. Per the MTUS guidelines cited above, muscle relaxant agents (Tizanidine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine is not indicated as medically necessary.