

Case Number:	CM15-0087504		
Date Assigned:	05/11/2015	Date of Injury:	07/30/2012
Decision Date:	06/18/2015	UR Denial Date:	04/01/2015
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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 24-year-old male, who sustained an industrial injury on 07/30/2012. The initial complaints or symptoms included pain/injury to the neck and low back. The injured worker was diagnosed as having cervical and lumbar spine strain/sprain, and later diagnosed with bulging disc in the cervical spine. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, and injections. Currently, the injured worker complains of continued low back pain and neck pain. Current medications include Norco which the injured worker has been taking since at least 04/07/2014, and Tizanidine which was first prescribed on 05/22/2014. The injured worker reported no benefit from Tizanidine and there was no documented improvement in pain levels or functionality over the previous several months. The diagnoses include neck pain with 2mm bulging disc at C5-6 and C6-7, cervical spine strain/sprain with myofascial pain, lumbar spine strain/sprain with myofascial pain, and 1-2mm disc posterior disc bulge at L4-5 with mild desiccation at L2-L3. The request for authorization included Norco 10/235 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Page(s): 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the records. Therefore, the request is not medically necessary.

Tizanidine 4 mg #30: Upheld

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

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

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of tizanidine is not medically necessary.